N09307

| (Requ | iestor's Name) | |
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| PICK-UP | MAIT | MAIL |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to Fil | ing Officer: | |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: $_$ | LORIDA CROW? | N REGION, PORSCI | HE CLUB OF A | AMERICA. INC. |
|-------------------------------------|---------------------------------------|--|---------------------------|--|
| N0930 | 17 | | | |
| The enclosed Articles of Amendme | ent and fee are sub | mitted for filing. | | |
| Please return all correspondence co | oncerning this matt | ter to the following: | | |
| James N Gilman | | | | |
| | ··· - | (Name of Contact P | erson) | |
| | | (Firm/ Compan | y) | |
| 2036 Lordun Terrace | | | | |
| | · | (Address) | - | , <u> </u> |
| Jacksonville, FL 32207 | | | | |
| | · - | (City/ State and Zip | Code) | |
| E-mail | address: (to be use | d for future annual re | port notification | on) |
| For further information concerning | this matter, pleas | e call: | | |
| James N Gilman | | а | 904 | 556-4989 |
| (Name | e of Contact Person | | | (Daytime Telephone Number) |
| Enclosed is a check for the followi | ng amount made p | payable to the Florida | Department of | State: |
| | 3.75 Filing Fee & rtificate of Status | □\$43.75 Filing Fee Certified Copy (Additional copy enclosed) | Certi is Certi (Add | 60 Filing Fee ficate of Status fied Copy itional Copy is osed) |
| Mailing Addres | <u>s</u> | <u>S</u> 1 | reet Address | |

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FLORIDA CROWN REGION, PORSCHE CLUB OF AMERICA, INC.

| (Name of Corporation as currently filed with the Florida I | Dept. of State) |
|---|--|
| N09307 | |
| (Document Numb | per of Corporation (if known) |
| Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation: | es, this <i>Florida Not For Profit Corporation</i> adopts the follow |
| A. If amending name, enter the new name of the corporat | tion: The n |
| name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name. | tion" or "incorporated" or the abbreviation "Corp." or "Inc |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> |) 8 (1 = 3 |
| | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | <u> </u> |
| | AH 9: 0 |
| D. If amending the registered agent and/or registered officers. | / |
| new registered agent and/or the new registered office.á | |
| Name of New Registered Agent: | |
| <u>/</u> | (Florida street address) |
| <u>New Registered Office Address</u> : | |
| / | (City) (Zip Code) |
| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fail | |
| Si | ignature of New Registered Agent, if changing |
| | |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President: T = Treasurer: S = Secretary: D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe. PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change X Remove X Add | <u>PT</u> <u>V</u> <u>SV</u> | John Doe Mike Jones Sally Smith | |
|--|------------------------------|---|---|
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| I) Change Add | VP | Tchorznicki, Christopher J | 105 Coastal Hollow Circle St Augustine, FL 32084 |
| X Remove | | | |
| 2) Change Add | | | |
| Remove 3) Remove Add Remove | | | |
| 4) Change Add | | | |
| Remove | | | |
| 5) Change Add | | | |
| Remove | | | |
| 6) Change Add | | | |
| Remove | | | |
| E. If amending or addir (attach additional shee | | onal Articles, enter change(s) here: essary). (Be specific) | |
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| The date of each amendment(s) adoption | on: | . if other than the |
| date this document was signed. | · · · · · · · · · · · · · · · · · · · | = <u>===</u> - |
| | | |
| Effective date if applicable: | (no more than 90 days after amendment file date) | |
| | | |
| <u>Note:</u> If the date inserted in this block document's effective date on the Departn | ses not meet the applicable statutory filing requirements, this date will nent of State's records. | not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were adopte was/were sufficient for approval. | d by the members and the number of votes cast for the amendment(s) | |

| There are no members adopted by the board | s or members entitled to vote on the amendment(s). The amendment(s) was/were of directors. |
|---|--|
| 08 Dated | 8/()5/2025 |
| Signature | D. P. T. |
| ha | the chairman or vice chairman of the board, president or other officer-if directors ve not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary) |
| | James N Gilman |
| | (Typed or printed name of person signing) |
| | Treasurer |
| | (Title of person signing) |

Sharan Sere STATE