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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Princiana Ladies 9 Hole Golf League, Inc
DOCUMENT NUMBER: N11000000 478
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nancy Scolnick (Name of Contact Person)
(Name of Contact Person)
(Firm/ Company)
9098 Bay Point Circle (Address)
West Palm Beach FL 33411
(City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Nancy Scolnick at 561 429-6578 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

articles of Amendment

Articles of Incorporation of

nciana Ladies 9 Hole Golf Lea	ague, Inc.
N1100000047	
	per of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:
Painciana Ladies Gal	floorie Tro.
name must be distinguishable and contain the word "corpora	fleague Tyc. The new ation" or "incorporated" or the abbreviation "Corp." or "inc."
"Company" or "Co." may not be used in the name.	
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)
•	
	The state of the s
	97.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9098 Bay Point Circle & West Palm Beach FL 334
(Manual Manual M	W + DI D I D ANI
	West Falm Beach FL 339
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office:	
•	•
Name of New Registered Agent: Name	cy Scolnick
<u>9098</u>	Y Bay Point Circle
New Registered Office Address:	(Florida street address)
new negatiered Office rinarios.	וועפה ל- מ לס
West	Florida 33411 (City). (Zip Code)
	(City): (Zip Code)
New Registered Agent's Signature, if changing Registered	
I hereby accept the appointment as registered agent. I am for	nmiliar with and accept the obligations of the position.
	Dance Jack
	MNU SCOUNCE) Signature of New Registered Agent, if changing
:	signature of New Kegisterea 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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	<u>P</u>	Joan Apteker	3326 Arcara #402 Lake Worth FL 33467
2) Change Add	<u>T</u> _	Sheila Goldman	3536 Via Poinciana Lake Worth FL 33467
X Remove 3) Change X Add Remove	<u>P</u>	Suzanne Swartz	3146 Via Poinciana #212 Lake Worth FL 33467
4) Change Add Remove		Nancy Scolnick	9098 Bay Point Cir West Palm Beach I-L 33411
Change Add Remove			
2) Change Add kemove		Page 2 of 4	
		LAEC & UL T	

E. If amending or adding additional a (attach additional sheets, if necessar)	y). (Be specific)				
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	date of each amen this document was:	dment(s) adoption: signed.	April 6, 2016	, if other than the
Effe	ective date <u>if applic</u>		OCT 2016 more than 90 days after amendment fi	le date)
		ed in this block does no te on the Department o		quirements, this date will not be listed as the
Ado	ption of Amendme	nt(s) (<u>C</u>	HECK ON:	
Ŕ	The amendment(s) was/were sufficient		he members and the number of votes c	ast for the amendment(s)
	There are no membadopted by the boa		d to vote on the amendment(s). The ar	nendment(s) was/were
	Dated	9/26/3 grant pts	2016	
	Signature	Joan Cpts	e chairman of the board, president or o	Alon officer if investor
		have not been selected	e chairman of the board, president or of the bands of the board, president or of the bands of	
		_ Joan_	Apteker (Typed or printed name of person	signing)
			President (Title of person signin	