# 111000000704

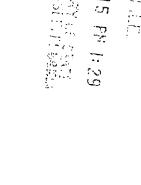
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# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SawGrass Clu	ıb of Cedar Key, Inc	
DOCUMENT NUMB	BER: N11000000704		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	Par	m Oakley	
	(Name of	Contact Person)	
	(Firm	/ Company)	
		16 SR 24	
	(2	Address)	
		y, Florida 32625	
	(City/ Stat	te and Zip Code)	
		@bellsouth.net d for future annual report notifica	ition)
For further information	n concerning this matter, please	e call:	
Pam Oakley	CCantast Dansen	at ( 352 ) 543-080	9 ne Telephone Number)
,	of Contact Person)  the following amount made p	ayable to the Florida Department	•
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	
Amend Divisio P.O. Bo	g Address Iment Section on of Corporations ox 6327 ussee, FL 32314	Street Address Amendment Section Division of Corporatio Clifton Building 2661 Executive Center	ns

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

# SawGrass Club of Cedar Key, Inc

## (Name of Corporation as currently filed with the Florida Dept. of State)

## N110000000704

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

he new name must be distinguishable and bbreviation "Corp." or "Inc." <mark>"Company"</mark>		
Enter new principal office address, if a Principal office address <u>MUST BE A STRE</u>		
Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)		
(muning universe MAT BE AT OUT OT	ICL BOAY	
		<del></del>
If amending the registered agent and/or new registered agent and/or the new re		la, enter the name of the
		la, enter the name of the
new registered agent and/or the new re		
Name of New Registered Agent:	gistered office address:  (Florida street address)	, Florida
<u>Name of New Registered Agent:</u>	gistered office address:	

# 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)

<u>Title</u>	Name	Address	Type of Action			
Sec/Tr	Pratima Hooper	Post Office Box 608 Cedar Key, Florida 32625	☐ Add ☑ Remove			
Directo	Craig McCall		☐ Add ☐ Remove			
Sec/T	Cindy Leiner  She is alread on as Asst		☑ Add (h) □ Remove			
	E. If amending or adding additional Articles, enter change(s) here:  (attach additional sheets, if necessary). (Be specific)					
			·			

The date of each amendmen	t(s) adoption: 4-10-2011
Effective date <u>if applicable</u> :	(date of adoption is required) 4-10-2011
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were irectors.
Dated_4-10	)-2011
Signature	la Oskley IP
hav	y the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)
	Pam Oakley
	(Typed or printed name of person signing)
	Vice President
	(Title of person signing)