## N17000012584

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE OF

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Village	rs for Trump, Inc.
	0012584
The enclosed Articles of Amendment and fee are sub	nitted for filing.
Please return all correspondence concerning this matte	er to the following:
	~ · · · · · · · · · · · · · · · · · · ·
Bob Johnson	$\circ$
1	(Name of Contact Person)
Retired	
	(Firm/ Company)
5146 Tweedle	Terrace
	(Address)
The Villages,	Florida 32163 (City/ State and Zip Code)
_	(City/ State and Zip Code)
N/A	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
Bob Johnson	al (651) - 303 - 8902
(Name of Contact Person)	
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ Certificate of Status	□\$43.75 Filing Fee & □\$\square\$\$\$52.50 Filing Fee  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## **Articles of Amendment**

to

## Articles of Incorporation of

Villagers for Tru	mp, Inc.
(Name of Corporation as currently filed with the Florid	
N170000125	84
(Document Nu	imber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Sta amendment(s) to its Articles of Incorporation:	atutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpo	oration:  NA  The new
name must be distinguishable and contain the word "corpo" "Company" or "Co." may not be used in the name.	oration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office  Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)  N / A , Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	ed Agent: familiar with and accept the obligations of the position.
	N/A
	Signature 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>v</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>\</u>	Bob Johnson	<u> </u>
Kemove			
2) Change Add			
Remove 3 ) Remove Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			<del></del>
6) Change Add			
Remove			
E. If amending or addin (attach additional shee	g addition ts, if neces.	nal Articles, enter change(s) here: sary). (Be specific)	
N/	H		
		<del></del>	

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	0/10			
The date of each amendment(s) adoption:date this document was signed.	N/A N/A	<u> </u>		if other than th
	N/a			
Effective date if applicable:		6 1 61		
(no l	more inan 90 aays	after amendment file	e dale)	
Note: If the date inserted in this block does no document's effective date on the Department of	t meet the applical f State's records.	ble statutory filing re	quirements, this date will	not be listed as the
Adoption of Amendment(s) (CI	HECK ONE)			
The amendment(s) was/were adopted by t was/were sufficient for approval.	he members and the	ne number of votes ca	ast for the amendment(s)	

×	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	Dated August 11, 2022
	Signature_Bol-Gohwon
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Bob Johnson
	(Typed or printed name of person signing)
	Vice President
	(Title of person signing)