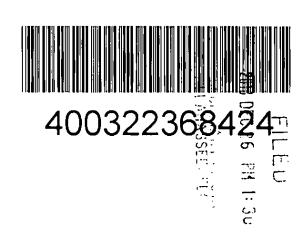
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COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: The TwinEagles C	Club, Inc.		
DOCUMENT NUMB	ER:			
	of Amendment and fee are su	ubmitted for filing.		
Please return all corres	pondence concerning this ma	atter to the following:		
	John Londot, Esq.			
•		Name of Contact Person	n	
	Greenberg Traurig, P.A.			
•		Firm/ Company		
	101 E. College Avenue	, ma company		
,		Address		
	Tallahassee, FL 32301			
•		City/ State and Zip Cod	€	
For further information	E-mail address: (to be use concerning this matter, please	sed for future annual report	notification)	
Ronald Filler		973 at (495-8609	
Ronald Filler at (973) 495-8609 Name of Contact Person Area Code & Daytime Telephor		de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
S \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Muiting 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 to

FILEU

		Articles of Incorpora	ition		mu L. O
		of	201	UEU 25	PH 1:31
THE TU	UNEAGRES	CUB.	1 nc.	- TA	1. 1
	(Name of Corporation	as currently filed with	the Florida De	pt.'0#\$5K(R)	E FE:
1100	xx xx T	2-CX C Z			
1/18 BC	DQ QQ	\(\) \(\)	(161		
	. (Docum	ient Number of Corporat	ion (ii known)		
ursuant to the provisions mendment(s) to its Articl	of section 617.1006. Flor es of Incorporation:	ida Statutes, this <i>Florida</i>	ı Not For Profi	t Corporatio	n adopts the followin
. If amending name, er	iter the new name of the	corporation:			
					The nev
. 1 . 2:	uble and contain the word	Cananation! or !!ing	reported" or th	u abbraviati	
	y not be used in the name		aportaet or is	ic tioth crain	on corp. or me.
Jongan) or Co. ma	min ite taseu in the nume	:			
. Enter new principal (office address, if applical	ble:			
	MUST BE A STREET A				
			 -		
. Enter new mailing a	ddress, if applicable:				
	Y BE A POST OFFICE I	<u> </u>			· · · · · · · · · · · · · · · · · · ·
				· · ·	
				-	
	stered agent and/or regis		Florida, enter	the name of	the
new registered agent	and/or the new register	ed office address:			
V	d'Mara Displatament America				
<u>Name o</u>	f New Registered Agent:				
			(Florida st	rees address)	
<u>New k</u>	Registered Office Address:				
				Ela	rida
		(City)	·		lip Code)
		10/		1-	
ew Registered Agent's	Signature, if changing I	Registered Agent:			
hereby accept the appoi	ntment as registered agen	u. I am familiar with at	id accept the ob	digations of t	the position
					•
	~	Signature of N	ove Ranietovad .	laont if chen	gring

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	PT John E V Mike J SV Sally S	lones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u> </u>	SOUTH McCARTT	12133 WICKLOW LN. NAPLES, FL 3412ps
Remove 2) Change Add	<u> </u>	TORRANCE WING	1178\$ CARRANDIE CT. NAPLES, FL 3412\$
Remove 3)ChangeAdd	\	DAVID WEEKS	120002 MAIDSTONE CA NAPLES, FL 34120
		MICHAEL NIGRO	11919 HESSESTONE CT NAPLES, FL 34120
Remove Change Add			
Remove 6) Change Add Remove			

<u> </u>

The date of each amendment(s) adoption:	
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the members and the number of votes cast for twas/were sufficient for approval.	he amendment(s)
There are no members or members entitled to vote on the amendment(s). The amendment adopted by the board of directors.	nt(s) was/were
Dated 12/24/18	
SignatureSignature	Sour if directors
(By the chairman or vice chairman of the board, president or other of have not been selected, by an incorporator – if in the hands of a rece other court appointed fiduciary by that fiduciary)	iver, trustee, or
(Typed or printed name of person signing	LONDET
(Typed of printed name of possion righting	,
D/ ATTY	
(Title of person signing)	