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TO: Amendment Section
Division of Corporations

Del Webb Tradition Pickleball Club
N20000012991
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael S Donnelly, Treasurer
(Name of Contact Person)
Del Webb Tradition Pickleball Club
(Firm/ Company)
12724 SW Cattleya Lane
(Address)
Port St Lucie Florida 34987
(City/ State and Zip Code)
donnsepp98@yahoo.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael S Donnelly 5168109509 5168109509
(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 \$\begin{array}{c} \$\\$43.75 Filing Fee & \$\\ \end{array}\$\$ Certificate of Status

Mailing Address

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

Street Address

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

Del Webb Tradition Pickleball Club

FILED

(Name of Corporation as currently filed with the Florida l	Dept. of State)	2023 NOV -2	AM Inv. I. S
N20000012991		TOTO MOA - T	MITTO 40
(Document Numb	er of Corporation (if known)	SEUN IN	UP STATE
Pursuant to the provisions of section 617.1006, Florida Statutamendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Profit</i>	Corporation ad	opts the following
A. If amending name, enter the new name of the corporat	ion:		
name must be distinguishable and contain the word "corpora	tion" or "incorporated" or the	ahbreviation "t	The new
"Company" or "Co." may not be used in the name.	non or meorporated or me	aborevianon (orp. or inc.
B. Enter new principal office address, if applicable:	12719 Cattleya Lane		
(Principal office address <u>MUST BE A STREET ADDRESS</u>	Port St Lucie Florida		
	34987		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12719 Cattleya Lane		
	Port St Lucie Florida		
	34987		
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a		he name of the	
	llins, President		
•	ttleya Lane Port St Lucie Florid	da 34987	···
New Registered Office Address:	(Florida stree	et address)	
12719	(City)	- St. Florida	34987
	(City)	(ZIP C	oae)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	Agent: miliar with and accept the oblig	gations of the po	sition
Du	sa Coll	ins	
' Si	gnature of New Registered Age	ent, if changing	

and address of each Office (Attach additional sheets, Please note the officer/din P = President: V = Vice F	s and/or icer and/ if necess rector titl resident; Chief Fi	e by the first letter of the office title: T = Treasurer; $S = Secretary$; $D = Director$; $TR = Trustee$; $C = Chairman or Clerk$; $CEO = Chief$ inancial Officer. If an officer/director holds more than one title, list the first letter of each office
Changes should be noted	in the fol ves the co	llowing manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is orporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change,
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)	<u>Title</u>	Name Charles Johnson	Address
1) Charac	<u>P</u>	Charles Johnson	10000 CW Asserber Long
1) Change Add			Port St Lucie Fl 34987
x Remove 2) Change	<u>P</u>	Susan Collins	12718 SW Cattleya Lane Port St Lucie Fl 34987
Remove 3) Change Add x Remove	<u>s</u>	Susan Collins	Port St Lucie Fl 34987
4) Change Add	<u>S</u>	Carmine Calabrese	Port St Lucie Fl 34987
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or additional she		Articles, enter change(s) here: y). (Be specific)	
Not applicable	×		

		
		
		
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		<u> </u>
	on:	, if other than the
date this document was signed.		
Effective data if applicables		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	the more than 20 days after amenament fite date)	
Note: If the date inserted in this block do document's effective date on the Departm	es not meet the applicable statutory filing requirements, this date will not be tent of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	d by the members and the number of votes cast for the amendment(s)	

8	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 October 31, 2023 Signature			
	(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)			
	Michael S Donnelly			
	(Typed or printed name of person signing)			
	Treasurer			

(Title of person signing)