## N21000006497

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## **COVER LETTER**

\*TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Sarasota/Manatee RO	C Inc.		
DOCUMENT NUMBER:	N21000006497			
The enclosed Articles of An	nendment and fee are sub-	mitted for filing.		
Please return all correspond	ence concerning this matte	er to the following:		
Debra Williams				
	······································	(Name of Contact Po	erson)	
-		(Firm/ Company	′)	
4975 Gulf of Mexico Drive	. unit 303			
		(Address)		
Longboat Key, FL 34228				
		(City/ State and Zip	Code)	
ruclubsarasotamanatee@gn	nail.com			
	E-mail address: (to be used	for future annual rep	ort notification	1)
For further information con-	cerning this matter, please	call:		
Debra Williams		_ at	732	319-4511
	(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made p	ayable to the Florida l	Department of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif s Certif	D Filing Fee icate of Status ied Copy tional Copy is used)
		42.		

Mailing Address

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

(Name of Corporation as currently filed with the	Florida	Dept, of State)			
Sarasota/Manatee RC Inc.					
(Docum	ent Numb	ber of Corporation (if known)			
Pursuant to the provisions of section 617,1006, Flor amendment(s) to its Articles of Incorporation:	rida Statut	tes, this <i>Florida Not For Profit Co</i>	orporation adopts the following		
A. If amending name, enter the new name of the	corpora	tion:			
	<u>.</u>		The new		
name must be distinguishable and contain the word "Company" or "Co," may not be used in the name	"corpora :	ation" or "incorporated" or the al	bbreviation "Corp." or "Inc."		
B. Enter new principal office address, if applicab		4975 Gulf of Mexico Drive			
(Principal office address <u>MUST BE A STREET A</u>		unit 303	2022 TA		
		Longboat Key, FL 34228	JUL 7		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u> )	4975 Gulf of Mexico Drive	29 P		
		unit 303	H 2		
		Longboat Key, FL 34228	2: 44 CONIDA		
D. If amending the registered agent and/or registered agent and/or the new registered			name of the		
Name of New Registered Agent:	Debra W	<del></del> _			
nume of New Registered Agent.	4975 Gulf of Mexico Drive unit 303				
<u>New Registered Office Address:</u>		(Florida street a	ddress)		
	Longboa	t Key	, Florida 34228		
		(City)	(Zip Code)		
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent			tions of the position.		
_	S	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: XChange X Remove X Add	PT         John De           V         Mike Je           SV         Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	<u>T</u>	Sandra Petway	120 Auburn Woods Circle Venice, FL 34292
<ul> <li>X Remove</li> <li>2) Change</li> <li>X Add</li> </ul>	<u>T</u>	Doug Dolan	8119 Waterbend Trail Sarasota, F1, 34240
Remove 3 ) Remove     Add     Remove	<u>S</u>	Wayne Irvine	5110 Horizon Edge Cove Lakewood Ranch, FL 34212
4) Change Add			
Remove 5) Change Add			Z022 JUN
6) Remove     Change Add			29 PM 2: \$SEE FLOR
E. <u>If amending or adding</u> (attach additional sheet	ng additional Art ets, if necessary).	icles, enter change(s) here: (Be specific)	DA C

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The date of each amendment(s) adoption: date this document was signed.		, if other than th
Effective date if applicable:		
(ne	o more than 90 days after amendment file date)	
Note: If the date inserted in this block does it document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be of State's records.	: listed as the
Adoption of Amendment(s) (9	CHECK ONE)	
The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the number of votes cast for the amendment(s)	

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