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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	Del Webb Naples W	ine Club, Inc.					
DOCUMENT NUMBER:	N21000007364						
The enclosed Articles of An		mitted for filing.			_		
Please return all correspond							
Nancy Pricerson Frie	rson						
		(Name of Contact Pe	erson)				
Del Webb Naples Wine Ch	ıb, Inc.						
		(Firm [,] Company	·)	· -			
6101 Del Webb Way							
		(Address)		<u> </u>			
Ave Maria Florida 34142							
		(City' State and Zip	Code)		_		
letitbreeze.nf@gmail.com							
1	-mail address; (to be use	d for future annual rep	ort notification	n)			
For further information con-	cerning this matter, please	e call:					
Nancy Frierson		at	913	7078487			
	(Name of Contact Persor		(Area Code)	(Daytime Telephone Number)		~	
Enclosed is a check for the	following amount made p	ayable to the Florida l	Department of	State:	- 4 1 - 30	022 C	aresci)
□ \$35 Filing Fee	Certificate of Status	■ S43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif s Certif	Diffing Fee icate of Status ied Copy tional Copy is osed)	STANKY OF S	2022 GOT 11 AM	Tanag
	Address ent Section	An	reet Address nendment Sections of Corne			8: 8:	**************************************

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

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 Naples Wine Club, Inc.					
(Name of Corporation as currently filed with the I	lorida D	ept. of State)			
(Documen	nt Numbe	er of Corporation (if known)			
Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation:	la Statute	s, this Florida Not For Profit Corporation adopts th	e following		
A. If amending name, enter the new name of the c	orporati	on:			
			The new		
name must be distinguishable and contain the word " "Company" or "Co." may not be used in the name.	corporat	ion" or "incorporated" or the abbreviation "Corp."	or "Inc."		
B. Enter new principal office address, if applicable		6101 Del Webb Way			
(Principal office address MUST BE A STREET AD)	<u>DRESS</u>)	Ave Maria, Florida 34142			
			_		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	237	6101 Del Webb Way			
		Ave Maria, FL 34142	_		
D. If amending the registered agent and/or register	ered offic	e address in Florida, enter the name of the			
new registered agent and/or the new registered	office ac	ddress:			
Name of New Registered Agent:	Sancy Prie	erson			
6	101 Del 3	Web Way			
New Registered Office Address:		(Florida street address)			
<u>.</u>	ve Maria	, Florida	<u></u> ≓	2022	
		(City) (Zip Code)		2022 OCT	*** }***
New Registered Agent's Signature, if changing Re					47.17E
I hereby accept the appointment as registered agent.	Tani jan	miliar with and accept the obligations of the position.	1808. 1808.	AH	1 1 * 1
	Sig	quature of New Registered Agent, if changing		က ထဲ	وسيا

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 Do V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change * Add Remove	<u>P</u>	Nancy Frierson	6503 Holiman Way Ave Maria FL 34142
2) Change Add	<u>v</u>	Bruce Edgar	6526 Holiman Way Ave Maria FL 34142
Remove 3) Change	<u>T</u>	Lisa Howard	6502 Holiman Way Ave Maria FL 34142
4) Change Add	<u>T</u>	Thomas Duffy	6141 Victory Ave Maria FL 34142
 X Remove 5) Change Add Remove 			
6) Change Add			
E. If amending or addir (attach additional shee		icles, enter change(s) here: (Be specific)	

		
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• • • •		,
		
<u> </u>		
The date of each amendment(s) ad	loption: August 23, 2022 and September 13 2022	, if other than the
date this document was signed.	<u></u>	,,
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blod document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment	i(s)

0 . 1	October 5, 2022
Dated	
Signatur	· Dancy C. Frierson
	(By the chairman of 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)
	Nancy Frierson
	Nancy Frierson (Typed or printed name of person signing)