## 121000009536

(Reques	itor's Name)
(Addres	s)
(Addres	s)
(City/Sta	ate/Zip/Phone #)
PICK-UP	WAIT MAIL
(Rusines	ss Entity Name)
(Dusine:	ss Citity Name)
(Docume)	ent Number)
(0000)	
Certified Copies	Certificates of Status
Special Instructions to Filing	o Officer:
,	,

Office Use Only



900375231249

, ALLAHASSEL, FLU

2891 NOV - 2 AV IS .

TYPETARY OF STA

Y SULKER NOV 04 2021

## Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

ENTITY NAME_OTO	en Cay Life Plan Village, Inc	
DOCUMENT NUMBE	R	
	**PLEASE FILE THE ATTACHED AND RETURN**	
	Plain Copy	
XXXX	Certified Copy	
<u> </u>	Certificate of Status	
	**PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY*	•
	Certified Copy of Arts & Amendments	
	Certificate of Good Standing	
	**APOSTILLE' / NOTARIAL CERTIFICATION**	

TOTAL OWED \$ 43.75

ACCOUNT #: 120160000072

S 8 FM

## Articles of Amendment Articles of Incorporation of

(Name of Corporation as currently filed with the Flori	ida Dept. of State)				
Green Cay Life Plan Village, Inc. N 21 000	0009536				
	umber of Corporation (i	fknown)		-	
Pursuant to the provisions of section 617.1006, Fiorida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Not	For Profit Corporat	tion adopts	the fol	lowing
A. If amending name, enter the new name of the corpo	oration:				
				77	ie new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	poration" or "incorpora	ted" or the abbrevia	ition "Corp	." or	'Inc."
B. Enter new principal office address, if applicable:	c/o Troy T. Taylor	•			
(Principal office address <u>MUST BE A STREET ADDRE</u>	2457 Collins Ave	PH 2			
	Miami Beach, FL	33140			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		da, enter the name	of the	<u> </u>	
Name of New Registered Agent:					
Van Parintenad (Wiles & House		(Florida street address)	All Se	-3 -2	133
New Registered Office Address:		, F)	いっしょう いっし loridan=	9.	O
	(City)	,	(Zip Code)	0	

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 Doc, 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	one <u>s</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
Change Add	D	Troy T. Taylor	2457 Collins Ave PH 2 Miami Beach , FL 33140
Remove			
2) Change Add	<u>D</u>	Richard Michael Powell	29 Guinea Road Greenwich CT 06830
Remove	<u>D</u>	Kristin Kutac Ward	12425 28th Street N. Ste. 100 St. Petersburg, FL 33716
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		(Be specific)	
	<del></del>		

Effective date if applicable:	(no more than 90 a	lays after amen	dment file date)	<u></u>	
date this document was signed.			<del></del>		, ii ouier than the
The date of each amendment(s) adoption	n·				if other than the
	.=-				
				<u> </u>	
			<del></del>		
<del>-</del>	<u> </u>		<del></del> -		
	<del></del>	-			
				<u> </u>	
<u> </u>				<del></del>	
<del></del>					
	<del></del>			· <del></del>	
	<u>.</u>				
		<del></del>		·	
		<del></del>		<u></u> _	
<del></del>					
· ,		•			

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

Dated	10/29/2021
Cimmtons	/m /1. (m)
Signature_	By the chairman or vice chairman of the board, president or other officer-if directors
(1	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or
	other court appointed fiduciary by that fiduciary)
	• •
	Troy T. Taylor
	(Typed or printed name of person signing)

(Title of person signing)

■ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were