N29019

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COVER LETTER

TO: Amendment Section Division of Corporations

Meadowood Golf a	and Tennis Club, Inc.			
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are su	bmitted for filing.			
Please return all correspondence concerning this ma	tter to the following:			
Kyle Swierzinski				
	(Name of Contact Pe	rson)		_
Meadowood Golf and Tennis Club				
	(Firm/ Company)		_
9425 Meadowood Drive				
	(Address)			_
Fort Pierce, Florida 34951				
	(City/ State and Zip C	Code)		_
accounting@meadowoodgolfandtennisclub.com				
E-mail address: (to be use	ed for future annual rep	ort notification	1)	_
For further information concerning this matter, pleas	se call:			
Kyle Swierzinski	at	772	519-3482	
(Name of Contact Perso		(Area Code)	(Daytime Telephone Number)	_
Enclosed is a check for the following amount made p	payable to the Florida E	Department of	State:	
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi) Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Address Amendment Section		eet Address endment Secti	on.	

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

Meadowood Golf and Tennis Club, Inc.				
Name of Corporation as currently filed with th	e Florida Dept. of State)			
N29019				
(Docur	nent Number of Corporation (if known)		
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Florida No</i> .	For Profit Corporation adopts the	e following	g
A. If amending name, enter the new name of th	e corporation:			
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ated" or the abbreviation "Corp."	The new or "Inc."	
3. Enter new principal office address, if applica				
Principal office address <u>MUST BE A STREET A</u>	IDDRESS)		23	•.
			APR 2	. —
Enter new mailing address, if applicable:				i:
(Mailing address MAY BE A POST OFFICE	<u>BOX</u>)		===	
				مه:
			8	141
D. If amending the registered agent and/or reginew registered agent and/or the new register		ida, enter the name of the		•
Name of New Registered Agent:	Kyle Swierzinski			
	9425 Meadowood Drive			
		(Florida street address)		-
<u>New Registered Office Address:</u>		24051		
	Ft. Pierce	, Florida 34951		-
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		ept the obligations of the position.		
_	Kyle S	wierzinski gistered Agent, if changing		5
	Signature of New Rep	gistered 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: 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>	<u>Name</u>	<u>Addres</u> s
Change Add			
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		onal Articles, enter change(s) here: essary). (Be specific)	

		
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_		
The date of each amendment(s) adoption: date this document was signed.	04/01/2023	, if other than the
Effective date if applicable:		
(m	o more than 90 days after amendment file date)	
Note: If the date inserted in this block does a document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be of State's records.	e listed as the
Adoption of Amendment(s)	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)	

Dated	
Signature	
	(By the charman of vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Steve Hanson
	(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