N30455

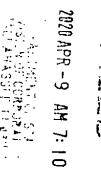
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TO: Amendment Section
Division of Corporations

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NAME OF CORPORATION	WYCLIFFE GOLF	AND COUNTRY (CLUB HO	ЭМЕОУ	VNERS' ASSOCIATION, INC.	
DOCUMENT NUMBER:	N30455	-				
The enclosed Articles of Am	endment and fee are sub	mitted for filing.				
Please return all corresponde	nce concerning this matt	er to the following:				
ALEXANDER JEWELL						
		(Name of Contact	Person)			_
WYCLIFFE GOLF AND CO	DUNTRY CLUB HOME	EOWNERS' ASSOC	CIATION	, INC.		
		(Firm/ Compa	ny)			_
4650 WYCLIFFE COUNTR	Y CLUB BLVD					
		(Address)				_
WELLINGTON, FL 33449						
	-	(City/ State and Zij	p Code)			_
A.JEWELL@WYCLIFFEC	С.СОМ					
E-	mail address: (to be used	for future annual r	eport not	ification	1)	-
For further information conce	erning this matter, please	call:				
ALEXANDER JEWELL		ä	561 at		964-9200 X107	
(Name of Contact Person		(Area	Code)	(Daytime Telephone Number)	
Enclosed is a check for the fo	ollowing amount made pa	ayable to the Florida	Departi	nent of	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status			Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)	
Mailing Ac		<u>s</u>	treet Ad	dress		

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

(Name of Corporation as currently filed with the Florida	Dept. of State)	
WYCLIFFE GOLF AND COUNTRY HOMEOWNERS' A	SSOCIATION, INC.	
(Document Num	ber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	ites, this Florida Not For Profit Corporation adopts th	e following
A. If amending name, enter the new name of the corpora	ation:	
		The new
name must be distinguishable and contain the word "corpor "Company" or "Co," may not be used in the name.	ation" or "incorporated" or the abbreviation "Corp.	or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>	<u>(Σ</u>)	202
		2020 APR
		一元 -
C. Enter new mailing address, if applicable:	5.5% 098	۽ ف
(Mailing address MAY BE A POST OFFICE BOX)		·
		<u>`</u>
	<u> </u>	
D. If amending the registered agent and/or registered of	fice address in Florida, enter the name of the	
new registered agent and/or the new registered office	address:	
Name of New Registered Agent:		
	(Florida street address)	
New Registered Office Address:		
	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am j	ed Agent: Camiliar with and accept the obligations of the position	
	·	
	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: X Change X Remove X Add	PT John D V Mike Je SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change X Add	<u>COO</u>	ROBERT A. MARTIN	522 CYPRESS GREEN CIRCLE WELLINGTON, FL 33449
Remove			
2) Change Add			
Remove 3) Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or additional she		ticles, enter change(s) here: (Be specific)	
	<u> </u>		

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The date of each amendment(s) adopt date this document was signed.	tion:	_, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
	does not meet the applicable statutory filing requirements, this date will not l	oe listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt was/were sufficient for approval.	ted by the members and the number of votes cast for the amendment(s)	

Dated	APRIL 8, 2020
Signatu	e
	(By the chairman or 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)
	DOUGLAS LIPMAN
	(Typed or printed name of person signing)
	TREASURER
	TREASURER