

N33294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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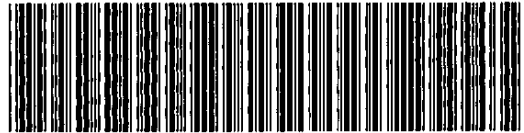
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
10 NOV 23 PM 3: 04

Amend
10/30/10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: THE WHARTON SCHOOL CLUB OF SOUTH FLORIDA, INC.

DOCUMENT NUMBER: N33294

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ARTHUR LEVINE

(Name of Contact Person)

(Firm/ Company)

6769 ENTRADA PLACE

(Address)

BOCA RATON, FL 33433

(City/ State and Zip Code)

levinear@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARTHUR LEVINE

(Name of Contact Person)

at (617) 504-3454

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

TITE WHARTON SCHOOL CLUB OF SOUTH FLORIDA, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N33294

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

720 NORTH COLLIER BLVD
UNIT 304
MARCO ISLAND, FL 34145

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

6769 ENTRADA PLACE
BOCA RATON, FL 33433

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

ARTHUR LEVINE

New Registered Office Address:

6769 ENTRADA PLACE

(Florida street address)

BOCA RATON

(City)

Florida

(Zip Code)

33433

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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TALLAHASSEE, FLORIDA
10 NOV 23 PM 8:04

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>President</u>	<u>DAVID CRUICE</u>	<u>720 NORTH COLLIER BLVD</u> <u>UNIT 304</u> <u>MARCO ISLAND, FL 34145</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Treasurer</u>	<u>ARTHUR LEVINE</u>	<u>6769 ENTRADA PLACE</u> <u>BOCA RATON, FL 33433</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Secretary</u>	<u>JOSEPH WITZ</u>	<u>9280 SW 83rd ST.</u> <u>MIAMI, FL 33173</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Director</u>	<u>DENNIS CUSTAGE</u>	<u>7755 NW 55TH PLACE</u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		<u>CORAL SPRINGS, FL 33067</u>	<input checked="" type="checkbox"/> Amended title
<u>Director</u>	<u>STUART HILL</u>	<u>11400 SW 23rd PLACE</u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		<u>DAVIE, FL 33325</u>	No change
<u>Director</u>	<u>CRAIG TOLL</u>	<u>1224 NW 140th TERRACE</u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		<u>PEMBROKE PINES, FL</u>	<input checked="" type="checkbox"/> Amended title
		<u>33028</u>	

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	BARRY SCHNEIROV	2529 SARDIN DR WESTON, FL 33327	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
	YASMINE ZYME	18316 LONG LAKE DRIVE BOCA RATON, FL 33496	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
	BILL BRITTON	3040 N 34TH STREET HOLLYWOOD, FL 33021	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: November 20, 2010
(date of adoption is required)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 11/20/10 _____
Signature _____

(By the chairman or 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)

ARTHUR LEVINE
(Typed or printed name of person signing)

TREASURER
(Title of person signing)