# N46183

(Rec	uestor's Name)	
(Add	iress)	
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(City	/State/Zip/Phone	e #)
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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: COUNTRY C	LUB VI	LLAGE MAST	ER CORP.
DOCUMENT NUM	BER: <u>N46183</u>			
The enclosed Articles	of Amendment and fee are su	bmitted fo	r filing.	
Please return all corre	spondence concerning this ma	tter to the	following:	
		NLEY R		<u></u>
	(Name of	f Contact I	Person)	
	(Firm	n/ Compai	ny)	
	16100 GOI		RD. 104	
	(	(Address)		
		ON FL. 3		
	(City/ Sta	ate and Zip	Code)	
	stanley33: E-mail address: (to be use	326@ya ed for futu	hoo.com re annual report not	ification)
For further information	n concerning this matter, pleas	se call:		
STANLEY RING		at (	954 ) 349 9	9791 sytime Telephone Number)
(Name	of Contact Person)		(Area Code & Da	ytime Telephone Number)
Enclosed is a check fo	or the following amount made p	payable to	the Florida Departn	ment of State:
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certii (Add	3.75 Filing Fee & fied Copy itional copy is cosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ng Address		Street Address	
	dment Section on of Corporations		Amendment Section  Division of Corporate	
	Box 6327		Clifton Building	i ali Oi i 3
	assee, FL 32314		2661 Executive Co	enter Circle

Tallahassee, FL 32301

#### **Articles of Amendment**

### Articles of Incorporation of

	rrently filed with the Florida Dept. of S	State)
(Document No	umber of Corporation (if known)	
Pursuant to the provisions of section 617.100 the following amendment(s) to its Articles of	6, Florida Statutes, this <i>Florida Not For</i> Incorporation:	Profit Corporation adopt
A. If amending name, enter the new name	of the corporation;	
he new name must be distinguishable and bbreviation "Corp." or "Inc." <u>"Company"</u>		ncorporated" or the
3. Enter new principal office address, if ap		
Principal office address <u>MUST BE A STRE</u>	GET ADDRESS )	
Enter new mailing address, if applicab		ASSET OF
(Mailing address <u>MAY BE A POST OF F</u>	<u></u>	EST.
		DE
). If amending the registered agent and/or	registered office address in Florida e	nter the name of the
). If amending the registered agent and/or new registered agent and/or the new re		nter the name of the
		nter the name of the
new registered agent and/or the new re-		nter the name of the
Name of New Registered Agent:	gistered office address:  (Florida street address)	, Florida
new registered agent and/or the new registered Agent:	gistered office address:	

## 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>	Name	Address	Type of Action
<u>PD</u>	AUGUSTINE SEMERIA	16400 GOLF CLUB RD. 306 WESTON FL. 33326	☑ Add □ Remove
<u>VPD</u>	JOANNE LOBUE	16401 GOLF CLUB RD. 301 WESTON FL. 33326	☑ Add ☐ Remove
PD	GENE ROCKLIN	16300 GOLF CLUB RD. 401 WESTON FL. 33326	☐ Add ☑ Remove
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)			
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TITLE	NAME	ADDRESS	TYPE OF ACTION
<u>VPD</u>	SUNNY COOPERSM	IITH 16300 GOLF C	LUB RD. 819 REMOVE
	· · · · · · · · · · · · · · · · · · ·	WESTON FL.	<u>33326</u>
SD	JAMES HARLIN	16325 GOLF C	LUB RD. 307 REMOVE
		WESTON FL.	<u>33326</u>

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The date of each amendment(s) a	doption: JUNE 27,2011
Effective date if applicable:	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☑ The amendment(s) was/were ad was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)
There are no members or members adopted by the board of directo	bers entitled to vote on the amendment(s). The amendment(s) was/were rs.
Dated_JUNE 27	Hanley King
have not	chairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or our appointed fiduciary by that fiduciary)
	STANLEY RING
	(Typed or printed name of person signing)
	TD
	(Title of person signing)

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