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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	GOLD COAST SO			
	N46537			
DOCUMENT NUMBER:				
The enclosed Articles of An	nendment and fee are sub	mitted for filing.		
Please return all corresponde	ence concerning this mat	ter to the following:		
David R. Roy				
	· <del>-</del> ·	(Name of Contact Pers	son)	
David R. Roy, P.A.				
		(Firm/ Company)		
4209 N. Federal Hwy.				
		(Address)	<del> </del>	
Pompano Beach, FL 33064				
		(City/ State and Zip Co	ode)	
david@davidrroy.com				
]	-mail address: (to be use	d for future annual repo	rt notificatio	n)
For further information cond	cerning this matter, please	e call:		
David R. Roy		at	)54	784-2961
	(Name of Contact Person		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the t	following amount made p	ayable to the Florida De	epartment of	State:
☐ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing A	Address		et Address	ion

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

## GOLD COAST SOCIAL CLUB A NONPROFIT CORPORATION

(Name of Corporation as currently filed with the Florida	Dept. of State)		
N46537			
(Document Nun	nber of Corporation (if k	nown)	
Pursuant to the provisions of section 617,1006, Florida Statuamendment(s) to its Articles of Incorporation:	ites, this Florida Not Fe	or Profit Corporation adopts the follo	owing
A. If amending name, enter the new name of the corpor	ation:		
			e new
name must be distinguishable and contain the word "corpore" Company" or "Co." may not be used in the name.	ration" or "incorporated	$I^{\prime\prime}$ or the abbreviation "Corp." or " $I$	nc."
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>S</u> )	202	
		- 1	•
C. Francisco de la la		· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			-
		<u> </u>	
			. <del>-</del>
			<u> </u>
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		, enter the name of the	
Name of New Registered Agent:			
<u> </u>			
	(F	lorida street address)	
<u>New Registered Office Address:</u>			
	(City)	, Florida (Zip Code)	
N. D. C. L. J. D. C. L. D. D. C. L. D. D. C. L.		(SIP Cour)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am j		the obligations of the position.	
	•	·	
	C CAL B		
	Signature of New Regist	erea Agent, 11 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: XChange X Remove X Add	PT         John Do           V         Mike Jo           SV         Sally Sr	<u>nes</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add	D/V	Anthony A. Maso	21314 Summertrace Circle Boca Raton, FL 33428
<ul> <li>X Remove</li> <li>2) Change Add</li> </ul>	D/S	Glenda Masso	21314 Summertrace Circle Boca Raton, FL 33428
X Remove 3) Change Add Remove	D/V	Rob Sures	998 NE 36th St Pompano Beach, FL 33064
4) Change Add	D/S	Tommy Mirisola	998 NE 36th St Pompano Beach, FL 33064
Remove  5) Change	· · · · · · · · · · · · · · · · · · ·		
Remove  6) Change Add			
E. If amending or adding (attach additional sheet)		cles, enter change(s) here: (Be specific)	

		<u> </u>
		<del></del>
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		<del></del> .
	turn 15, 2020	
The date of each amendment date this document was signed	t(s) adoption:	, if other than the
Effective date if applicable:	June 15, 2020	
Effective date in applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	nis block does not meet the applicable statutory filing requirements, this date with the Department of State's records.	II not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/w was/were sufficient for ap	vere adopted by the members and the number of votes cast for the amendment(sopproval.	)

Date	6-30-2020
Signa	ature Caraca
·	(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)
	Robert Polson Robert Polson
	(Typed or printed name of person signing)

(Title of person signing)