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COVER LETTER

TO: Amendment Section Division of Corporations

. . . .

NAME OF CORPORATION: GULL LAN	E PROPERTY DUNIER'S ASSOCIATION, INC		
DOCUMENT NUMBER: N930000	50235		
The enclosed Articles of Amendment and fee are submi	tted for filing.		
Please return all correspondence concerning this matter	to the following:		
JAMIE TYRNDORF	Variation (Carrier Breas)		
(1	Name of Contact Person)		
N/A			
	(Firm/ Company)		
2550 ST CILL LANF			
3559 SE GULL LANE	(Address)		
STUARY, FL 34997	City/ State and Zip Code)		
, (6	City/ State and Zip Code)		
DRTURNDORF Q G	MATL. COM or future annual report notification)		
For further information concerning this matter, please ca	all:		
Jamie Turndorf (Name of Contact Person)	at 773 - 678-6557 (Area Code) (Daytime Telephone Number)		
Enclosed is a check for the following amount made paya	able to the Florida Department of State:		
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status			
Mailing Address	Street Address		
Amendment Section	Amendment Section		
Division of Corporations	Division of Corporations Clifton Building		
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

GULL LANG PROPERTY OWN	IER'S ASSOCIATIO	OH, FNC.
(Name of Corporation as current	lly filed with the Florida Dept.	of State)
N 93 000000 255	er of Corporation (if known)	
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profit Co</i>	prporation adopts the following
A. If amending name, enter the new name of the corporation	on:	
N/A		The new
name must be distinguishable and contain the word "corporate" "Company" or "Co." may not be used in the name.	ion" or "incorporated" or the ab	bbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2018 DEC - 3 AM 8:1 SECKE ARY U.S. IN TALLAHASSEE, FI
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office ag		name of the
Name of New Registered Agent: JAY	NIE TURNDORF 59 SE GULL L	ANE
	(Florida street a	address)
New Registered Office Address:	_	
S7	(City)	, Florida <u>34-997</u>
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered . I hereby accept the appointment as registered agent. I am fan	Agent: niliar with and accept the obligation	tions of the position.
	Taul	
Si	gnature of New Registered Agent	t, if changing

Page 1 of 4

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 Doe V Mike Jones SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change Add Remove	P JERRY C. WALL	3559 SE GULLLANE STUMCT FL 34997
2) Change Add	VST BEVERLY A. WALL	3559 SÉ GYLL LANÉ STUART FL 34997
3) Change Add Remove	PVST JAMIE TURNDORF	3559 S.E. GULL LANE STUART FL 34997
4) Change Add Remove		
5) Change Add Remove		
6) Change Add Remove		

E. If amending or (attach additional	adding additional and sheets, if necessary	Articles, enter o y). (Be specifi	change(s) hei	<u>•e</u> :			
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The date of each amendment(s) adoption:/O - O/- \B\ date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the members and the number of votes cast for the was/were sufficient for approval.	he amendment(s)
There are no members or members entitled to vote on the amendment(s). The amendment adopted by the board of directors.	nt(s) was/were
Dated	<u> </u>
Signature Signature	
(By the chairman or vice chairman of the board, president or other off have not been selected, by an incorporator – if in the hands of a receiother court appointed fiduciary by that fiduciary)	
TERRY O. WALL (Typed or printed name of person signing)	
(Typed or printed name of person signing))
PRESIDENT	
(Title of person signing)	