N9500005456

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ALLAMASSEE ELOPING

JUL 13 2018 S. YOUNG

COVER LETTER

, Division of Corporations
NAME OF CORPORATION: Capital City Country Club Inc
DOCUMENT NUMBER: N 45 00005456
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Paul Brown
(Name of Contact Person)
(Firm/ Company)
1601 Golf Terrace Dr (Address)
(Address)
Tallahassea, F.L. 32301 (City/ State and Zip Code)
(City/ State and Zip Code)
Paula fic pa, orej
For further information concerning this matter, please call:
Paul Brown a 850 - 766 - 4482
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Satus Certified Copy (Additional Copy is enclosed) S43.75 Filing Fee Satus Certified Copy (Additional Copy is Enclosed)

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

TO: Amendment Section

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

Articles of Amendment to Articles of Incorporation

	of	
Capital City	Country Club, Inc	
	ntly filed with the Florida Dept. of State)	
N9600000	5456	
	per of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation ad	opts the following
A. If amending name, enter the new name of the corporati	ion:	
name must be distinguishable and contain the word "corporate "Company" or "Co."	N //	The new
name must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "	Corp. " or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		\$ 5
		-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	SSE 12
	70714	
		——ြန္
		36 26 36
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office agent.	e address in Florida, enter the name of the	
Name of New Registered Agent:	Paul Brown	·
	1601 Golf Terrace Di.	
New Registered Office Address:	(Florida sireet address)	**************************************
	Tullebuccoo	ユック の 1
	Tallyhassee Florida Florida (City)	<u> 7650 (</u>
New Registered Agent's Signature, if changing Registered A	Avent:	
hereby accept the appointment as registered agent. I am fam	ulliar with and accept the obligations of the po	sition.
/h	h Bron	
Sig	mature 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 Doc 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 Doc, P.F. as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>V</u> <u>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add Remove	<u> </u>	Jay Reveil	1601 Golf Temas Dr Talkhasson, F.C. 32301
2) Change Add Remove	<u>.P</u>	Paul Brown	1601 Colf Terrace. De Talledrassee, F.C. 32301
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Reinove			
6) Change Add Remove			

attach additional sh	ing additional Article eets, if necessary). (Be specific)				
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The date of each amendment(s) ad	option:	if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will repartment of State's records.	iot be fisted as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes east for the amendment(s)	
There are no members or members adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were	
Dated	16/2018	
Signature	1 / moren	
have not beer other court ap	nan or vice chairman of the board, president or other officer-if directors is selected, by an incorporator - if in the hands of a receiver, trustee, or oppointed fiduciary by that fiduciary)	 .
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
4	President	
	(Title of person signing)	