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Special Instructions to	Filing Officer	
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Office Use Only



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2022 JAN 21 PH 12: 14
SECRETARY OF STATE

9 217/2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	WADREGAN	BOAT CLUS	INC.
DOCUMENT NUMBER:	N9700000	0787	
The enclosed Articles of Amendment	and fee are submitted for fi	ling.	
Please return all correspondence conc	corning this matter to the fol	lowing:	
Kim Sai	Lmaxi		
	(Name of C	Contact Person)	
	(Firm/	Company)	
8150 133	3 PLACE		
	(Δ	ddress)	
SEBASTIAN,	FL 3295	3	
	(City/ State	and Zip Code)	
KIMSALmo	1630 6MA11	-, Com	
	dress; (to be used for future a		ei)
For further information concerning th	nis matter, please call:		
Kim Sacmon		at	(Daytime Telephone Number)
(Name of	f Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following	amount made payable to the	e Florida Department o	f State:
	5 Filing Fee & \$\subset\$ \$\frac{\pi}{43.75 F}\$ ficate of Status Certified (Addition enclosed)	Copy Certinal copy is Certinal (Add	50 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address		Street Address	
Amendment Section		Amendment Sec	
Division of Corpora P.O. Box 6327	MICHS	Division of Coп The Centre of	
Tallahassee, FL 323	314		x Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

WAUREGAN BOAT CLUS		2022 JAN 2 1 PH 12: 1 4
(Name of Corporation as currently filed with the Flori	ida Dept, of State)	
<u> </u>	787	SECRETARY OF STATE TALLAMASSEE, FL
(Document N	umber of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida St amendment(s) to its Articles of Incorporation:	tatutos, this <i>Florida Not For Profit C</i>	Corporation adopts the following
A. If amending name, enter the new name of the corp	gration:	
N/A		The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	poration" or "incorporated" or the c	ibbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRI</u>	<u>N/A</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	~/A	
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		name of the
Name of New Registered Agent:	N/A	
	(Florida swerz	address)
New Registered Office Address:		
		. Flonda
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe	ered Agent;	
Thereby accept the appointment as registered agent. Tar	m jamiliar with and accept the obliga	itions of the position.
**************************************	A/A Signature of New Registered Agen	
	Signature of New Registered Agen	t, 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 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 V SV	John Doc Mike Jones Sally Smith	
Type of Action (Check One)	Tide	<u>Name</u>	<u>Addres</u> s
U Change Add	·# ·		
Remove			
2) Change Add			
Remove Change Add Remove	<u></u>		
41 Change Add		 	
Remove			
5) Change Add		-	
Remove			
6) Change Add			
Remove			
		onal Acticles, enter change(s) here: wsary), (Be specific)	
ARTICLE II PO	<u> </u>	\$ _Z	
		THIS OZEANIZATION IS TO OPSIL	
IN THE NAUREGA	N 500	BENTSION , INDIAN RIVER COUNT	FLORIDA. WATERFRONT
CARCEATY ANDER	es wh	B SCLELY AWA WATER FROMT PAG	CERTY WILL NOT BE

PERMITTED BORT SUP OWNERSHIP NOR SUP LEASING ABILITY.
ABTICLE IV MEMBERSHIP:
THE CORPORATION SHALL HAVE MEMBERS , NEMBERS SHALL CONSIST ONLY OF
THOSE PERSONS WHO ARE INDIANGIVER COUNTY RECORDED DEEDED PROPERTY OWNERS IN
THE WAUREGAN SUBDINISION, INDIAN RIVER CLOSITY, FLORIDA AND ONN A SUIT IN
THE WALLEGAN GOAT CLUB. A MEMBER MAY OWN MOIZE THAN ONE BOAT SUP
PREVIDED THAT EACH SLIP CORRECTORIDS TO A DEEDED SEPARATE SINCLE FAMILY
PROPERTY IN THE WALLECAN SUSPINISION, INDIAN RIVER COUNTY, FLOSION.
The date of each amendment(s) adoption:
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 requirements, this date will not be listed as the document's effective date on the Department of State's records.
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.

Dated	<u> </u>
Signatu	e
	(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)
	HELEN V KURZ
	(Typed or printed name of person signing)