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R. WHILE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR		c.	
DOCUMENT NUMB	P00000084980		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Jeffrey C. Roth		
-		Name of Contact Persor	1
	Roth & Scholl		
-		Firm/ Company	
	866 South Dixie Highway		
•		Address	
	Coral Gables, FL 33146		
-		City/ State and Zip Code	2
	E-mail address: (to be us	ed for future annual report	notification)
		·	·
For further information	concerning this matter, pleas	e call:	
Jaffran C. Dad		205	660 4141
Jeffrey C. Roth	CO	at ( 305	_) 662-4141
Name o	f Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O. 1	ing Address  Indment Section Identify Sections Identify Sections Identify Sections Identify Sections Identify Section	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED 15 DEC 18 AH 10: 14

Tuscany Lakes, Inc.

SECO	TATOM AL	; •
TALLAH	MARY DE	STATE

	= * * * G * * G * * * * * G * * * * * *
	ly filed with the Florida Dept. of State
00000084980	
(Document Number of	of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s
. If amending name, enter the new name of the corporation:	m.
ame must be distinguishable and contain the word "corporation Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " ord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
	N/A
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
,,,	
P. (	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the
new registered agent and/or the new registered of fice address	<u>s:</u>
Name of New Registered Agent N/A	
	reet address)
	reet address), Florida

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	D	Lloyd J. Boggio	2937 S.W. 27th Ave.
Add			Suite 303
X Remove			Coconut Grove, FL 33133
2) Change	D	Matthew S. Greer	2950 S.W. 27th Place, #200
Add			Miami, FL 33133
X Remove			
3 ) Change	P/D	Bruce Greer	866 South Dixie Highway
XAdd			Coral Gables, FL 33146
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<del></del>
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
N/A	
,	
,	
provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	

	N/A	if ashan shan sha
The date of each amendment(s) date this document was signed.	) adoption:	_, if other than the
Effective date if applicable:	•	
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
Decemb Dated	er 17, 2015	
Signature	Jule 12	_
(By selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	_
	Bruce Greer	
	(Typed or printed name of person signing)	
	President/Director	
	(Title of person signing)	<del></del>