## P00000110430

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## **COVER LETTER**

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t F		COVER LETTER		
TO: Amendment Section Division of Corpo				A SOUTH AND CONTROL OF THE PARTY OF THE PART
NAME OF CORPOR	RATION: <u>LANDING</u>	S OF SARASOTA	County INC.	C. Aller
DOCUMENT NUME	BER: <u>Pagado 110</u>	430		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	STEV	EN GRAY		
		Name of Contact Person	1	
	LAND	Firm/ Company	THE COUNTY INC	
	750	THISTLE LAKE	: D0	
	730	Address	_ DK \	
	VEN	ECE/FL/34293	2	
•		City/ State and Zip Code		
	+helan E-mail address: (to be u	dings@Comco sed for future annual report	ast, net notification)	
For further information	n concerning this matter, pleas	se call:		
STEVER	J GRAY	at ( 941	) 244-2413	
	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment 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)	
Mail	ling Addross	Street	Address	

Mailing Address

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

Street Address

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

## Articles of Amendment to Articles of Incorporation

of	12 C.
Landings of Saras	ota County, Inc.
(Name of Corporation as currently file	with the Florida Dept. of State)
P0000011043	O
(Document Number of Corp	poration (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florid</i> its Articles of Incorporation:	la Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". word "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
<del>-</del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in	Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street ad	dress)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with a	nd accept the obligations of the position.
Signature of New Registe	ered 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 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 Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	V		STEVEN GRAY	750 THISTLELAKE DR.
_X_ Add				VENICE, FL 34293
Remove				
2) Change		<del></del>		
Add				
Remove				-
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
				· · <del></del>
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
N/A	
	30.00.
	. ,
	· · · ·
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares.
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
of not applicable, indicate N/A)	
provisions for implementing the amer (if not applicable, indicate N/A)	
provisions for implementing the amer (if not applicable, indicate N/A)	
of not applicable, indicate N/A)	
of not applicable, indicate N/A)	
of not applicable, indicate N/A)	
of not applicable, indicate N/A)	
or implementing the amer (if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	<u>.</u>
(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 document's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	ler
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature Debra Gray	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other cou appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(1 yped or printed name of person signing)	
PRESIDENT	
(Title of person signing)	