## P03000120289

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	<u> </u>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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SECRETARY OF STATES

Amen C.COULLIETTE

MAR 1 7 2011

**EXAMINER** 

## **COVER LETTER**

**TO:** Amendment Section **Division of Corporations** 

٠.

NAME OF COR	PORATION: Tame	A BAY PUTING G	reens Toc	
DOCUMENT NU	MBER: PO30	280012002		
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.		
Please return all co	orrespondence concerning th	is matter to the following:		
	Pam	DELNEGRO  Name of Contact Person	***************************************	
		Firm/ Company		
1515 AFRICAN VIOLET CT				
	TRINITY	FL 34055 City/ State and Zip Code		
	E-mail address: (to be use	d for future annual report notification)		
For further informa	ation concerning this matter,	please call:		
		at ()		
Name	of Contact Person	Area Code & Daytime Te	lephone Number	
Enclosed is a check	k for the following amount n	nade payable to the Florida Depar	tment of State:	
\$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)	
P.O. Box 6	nt Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ	le	

## Articles of Amendment to Articles of Incorporation of

Name of Corporation as curre	OTING GREE	a Dept. of State)	
P030001	22029		
(Document Num	ber of Corporation (if kno	own)	,
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	, Florida Statutes, this F	llorida Profit Corporation add	pts the following
A. If amending name, enter the new name of	the corporation:		
name must be distinguishable and contain to abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "prof	designation "Corp," "Inc	c," or "Co". A professional o	_The new ed" or the corporation
B. Enter new principal office address, if appl (Principal office address MUST BE A STREET	icable:		_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u></u>		TI MAR 17 PH
D. If amending the registered agent and/or renew registered agent and/or the new registered.		n Florida, enter the name of t	A 6778
Name of New Registered Agent:		<del></del>	นั้ง
New Registered Office Address:	(Florida street d	address)	
-		, Florida	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	(City)  Registered Agent;  vent I am familiar with a	(Zip Code) und accept the obligations of the	e position.
-	mature of New Registere		

## 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)

Title	Name	Address	Type of Action
NB	GEORGE OSTENSEN	4399 GEVALIA DR BROOKSVILLE, FL 3400	Ardd Remove
	<del></del>		Add Remove
			☐ Add ☐ Remove
E. If amending (attach oddit	or adding additional Articles, enter chional sheets, if necessary). (Be specific	nange(s) here:	
<u>provisions</u>	dment provides for an exchange, reclas for implementing the amendment if no pplicable, indicate N/A)	sification, or cancellation of issu t contained in the amendment its	ed shares. leif:

The date of each amendment(s) adoption	n: 12/2	1 201	0
<u>.</u>	(date of	adoption is re	
Effective date if applicable:	than 90 days afte		
(no more	man 90 aays ajie	r umenument,	sie uuie)
Adoption of Amendment(s)	(CHECK ON	Ð	
The amendment(s) was/were adopted by the shareholders was/were sufficie		ers. The numb	er of votes cast for the amendment(s)
The amendment(s) was/were approve must be separately provided for each			
"The number of votes cast for the	amendment(s) w	as/were suffic	ient for approval
by	_ <del></del> _		," -
(voting gr	пир)		
The amendment(s) was/were adopted action was not required.	by the board of d	irectors withou	at shareholder action and shareholder
The amendment(s) was/were adopted action was not required.	by the incorporat	ors without sh	areholder action and shareholder
Dated 3/1/// Signature	et to	·•	
(By a director, selected, by an		in the hands o	irectors or officers have not been f a receiver, trustee, or other court
Ja	SEPH (Typed or print	DEZNE	FCRU
	•		raon arkinirg)
***************************************		DENT	
C	litle of person sig	ming)	