# P07000126112

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

APPROVED AND FILED

C. LEWIS NOV 2 6 AMINER

#### COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Golf View Realty Property MANAGEMENT, IT
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
Golf Vicio Realty Property Management Too
10319 Greenhedges Dr. Address
1 Amp A FC 33686 / City/ State and Zip Code
GRAPPA @ TAMPABAY. RR. COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at $(8/3)$ 7/6-/380  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
Line losed is a check for the following abloam made payable to the Florida Department of State.
\$35 Filing Fee

#### **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

Golf View Realty Pri	openty Management The.
(Name of Corporation as currently filed with the F	lorida Dept. of State)
P07000 1261	/2
(Document Number of Corporation (if	f known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this atticles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	NIX
name must be distinguishable and contain the word "corporation	The new
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	NIP ASS
	3 NOV 2
	- SSS PILA
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	PH 12: 3
	39 39
D. If amending the registered agent and/or registered office addr	rass in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent	<u>A</u>
(Florida str	pat addrass)
	N/F
New Registered Office Address: (City)	, Florida / / (Zip Code)
New Paristared Agent's Signature if changing Pagistared Agents	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v	
1	r/P

Signature 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 <math>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> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		Genald PAPPA	10319. Green he das Da
Add		<b>,</b> 4	TAMPA, FL
Remove	Sharaladd	_	33626
2) Change	Shareholder ONLy	Genald Pappa	10319 Greenhedges Dr
Add	/	•	- Anpa
Remove			33686
3) Change	<del></del>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ding additional Articles, enter change(s) here: heets, if necessary). (Be specific)
	M
	X
<del>.</del>	
If an amendment	provides for an exchange, reclassification, or cancellation of issued shares,
(if not applica	plementing the amendment if not contained in the amendment itself:  while, indicate N/A)
	NI.

APPROVED AND FILED

The date of each amendment(s) adoption:	13 NOV 21 PH 12: 39 , if	other than the
Effective date if applicable:	SECRETARY OF STATE TALLAHASSEE, FLORIDA s after amendment file date)	
(no more than 90 day.	s after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	ber of votes cast for the amendment(s)	
The amendment(s) was/were approved by the shareholders through was must be separately provided for each voting group entitled to vote s		
"The number of votes cast for the amendment(s) was/were suff	icient for approval	
by(voting group)		
The amendment(s) was/were adopted by the board of directors without action was not required.	out shareholder action and shareholder	
The amendment(s) was/were adopted by the incorporators without shaction was not required.	nareholder action and shareholder	
Signature  (By a/director, president or other officer – i		
selected by an incorporator – if in the hand appointed fiduciary by that fiduciary)	ds of a receiver, trustee, or other court	
follyt	PAPPA	
/ Typed or printed	I name of person signing)	
(Title of	person signing)	