## P940000 17670

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SECRETARY OF STATE SALLAHASSEE, FLORIDA



## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: THE VILLAGE A	T NETTLES ISLAND RE	EAL ESTATE COMPANY
DOCUMENT NUMB			
The enclosed Articles of	f Amendment and fee are su	ibmitted for filing.	
Please return all corresp	ondence concerning this ma	itter to the following:	
J	ULIE J DVORAK		
-		Name of Contact Perso	าก
-		Firm/ Company	
۷ -	103 E BUTLER ST		
_		Address	
[	LITCHFIELD, MN 55355		
	•	City/ State and Zip Coo	le
DVOR	AKJULIE@AOL.COM		
	E-mail address: (to be u	sed for future annual report	t notification)
For further information	concerning this matter, pleas	se call:	
JULIE J DVORAK		at (	406-7598
Name of	Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:
■ \$35 Filing Fee  Ck# 36 98	□\$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)
Mailing Address		<del></del>	Address
	dment Section		dment Section
	ion of Corporations Box 6327		on of Corporations
	1assee, FL 32314		n Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## THE VILLAGE AT NETTLES ISLAND REAL ESTATE COMPANY

(Name of Corp	poration as currently filed with the Florida Dept. of State)
P94000017670	
(E	Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Florida Statutes, this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of t	the corporation:
	The new
	e word "corporation," "company," or "incorporated" or the abbreviation "Corp," "Inc," or "Co". A professional corporation name must contain the or the abbreviation "P.A."
B. Enter new principal office address, if appli (Principal office address <u>MUST BE A STREET</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>E BOX</u> )
	7
D. If amending the registered agent and/or re new registered agent and/or the new regist	gistered office address in Florida, enter the name of the tered office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	(City) , Florigh (Zip Code)
Now Bonistored Agent's Cianature if shoneing	a Decistant Asset
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	ent. I am familiar with and accept the obligations of the position.
	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, 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 = C Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each of 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. The 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 Cha 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	JUDITH HAYES	143 NETTLES BLVD
Add			JENSEN BEACH
X Remove			FL 34957
2) Change	VP	JUDITH CAROL HAYS	143 NETTLES BLVD
XAdd			JENSEN BEACH
Remove			FL 34957
3) Change			
Add			SS - 9
Remove			The A D
4) Change			
Add			
Remove			
5) Change			
Add			<del></del>
Remove			
6) Change			
Add			
Remove			

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				SS	9
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ment if not conta	ained in the ar	mendment its	<u>elf:</u>	71	À
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				Sh >	+
				7,37	
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					<del></del>
	ge, reclassificati	ge, reclassification, or cancell	ge, reclassification, or cancellation of issue	ge, reclassification, or cancellation of issued shares, ment if not contained in the amendment itself:	Re specific)  A Company of the specific of the

The date of each a late this document	mendment(s) adoption:	, if other tha
Effective date <u>if ar</u>	(no more than 90 days after amendment file date)	<del></del>
	inserted in this block does not meet the applicable statutory filing requirements, this date with the Department of State's records.	ill not be listed a
Adoption of Amen	dment(s) ( <u>CHECK ONE</u> )	
	(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) ders was/were sufficient for approval.	
	(s) was/were approved by the shareholders through voting groups. The following statement tely provided for each voting group entitled to vote separately on the amendment(s):	
"The num	ber of votes cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not reaction was not reaction was not re	(s) was/were adopted by the incorporators without shareholder action and shareholder	
	06/14/2019	
	Signature Julie & Alnor M.	
	(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 court appointed fiduciary by that fiduciary)	· ·
	JULIE J DVORAK	ال 19
	(Typed or printed name of person signing)	2 1
	NON-BROKER OWNER (SHAREHOLDER)	9
	(Title of person signing)	
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