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COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: __ Gary Holmes Golf Company, Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Robert G. Dello Russo Name of Contact Person Firm/ Company 531 Codisco Way Address Sanford, FL 32771 City/ State and Zip Code bob@delair.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **Bob Dello Russo** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

FILED

Articles of Amendment to Articles of Incorporation of

15 MAY 18 AM H: 16 SEUGLIANT AT STATE MALLAHASSLE, FLORIDA

Gary Holmes Golf Company, Inc.

(Name of Corporati	on as currently filed with the Florida Dept, of State)
P99000091143	
(Досшт	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:
Country Club of Mount Dora, Inc.	The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	"d "corporation," "company," or "incorporated" or the abbreviation "," "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.) <u>X</u>)
D. If amending the registered agent and/or register new registered agent and/or the new registered	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	<u>vistered Agent:</u> I am familiar with and accept the obligations of the position.
Sign	ature 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 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		·
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u> </u>	<u>Addres</u> s
1) Change			<u></u>	
Add				
Remove				
2) Change		<u></u>		
Add				
Remove				
3) Change				
Add				
Remove	٠.			
4) Change		_		
Add				
Remove				
5) Change				
Add		<u> </u>		
Remove				
Kemove				
6) Change		<u></u>		
Add				· · · · · · · · · · · · · · · · · · ·
Remove				

Attach additional she	ng additional Arti ets, if necessary).	icles, enter chai (Be specific)	<u>ige(s) here</u> :			
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					···	
f an amendment pro provisions for imple (if not applicable	ovides for an exchementing the ame e, indicate N/A)	ndment if not c	cation, or cancel ontained in the a	lation of issued s mendment itself	hares. E	
		1-3 N 143 - FB			_144-2-44	
						
		 				

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(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.	date 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.	t(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	der
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 5-14-15	
Signature Mrs. Presidet	
(By director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other co appointed fiduciary by that fiduciary)	
Robert G. Dello Russo	
(Typed or printed name of person signing)	
President	
(Title of person signing)	