S39158

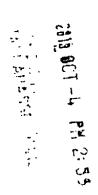
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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION:	Quail Ridge Courtry Club Realty Inc
DOCUMENT NUMBER:	5 39158
The enclosed Articles of Amendment and fee a	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Ann	Tura Name of Contact Person
	Name of Contact Person Out Qual Ridge Realty Inc. Firm/ Company
371	5 Golf Rd
	Address The Beach FL 33434 City/ State and Zip Code
	City/ State and Zip Code
E-mail address: (to	be used for future annual report notification
For further information concerning this matter,	please call:
AMM Jara Name of Contact Person	at (541) 734-4990 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount n	nade payable to the Florida Department of State:
\$35 Filing Fee	c & □\$43.75 Fiting Fee & □\$52.50 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

	Articles of Inco	orporation		
Quail Ridge		Club Realt	y Inc.	
(Name of Corp	oration as currently	filed with the Florid:	a Dept. of State) : 📆
	5 39158	\ \		74
٦)	Ocument Number of	Corporation (if known)	المِيَّةِ المَّاسِينِينِ
Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	Torida Statutes, this F	Florida Profit Corpora	tion adopts the t	following amendm
A. If amending name, enter the new name of t	the corporation:			
The Out at a		political has		
name must be distinguishable and contain the			ncornorated" o	The new
"Corp.," "Inc" or Co.," or the designation " word "chartered," "professional association," o	Corp, " "Inc." or "C	Co". A professional c	orporation nam	e must contain the
B. Enter new principal office address, if appli	cable:			
(Principal office address <u>MUST BE A STREET</u>				
C. Fatanana and Caralles of Land St. L.				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)			
				· · · · · · · · · · · · · · · · · · ·
If amending the registered agent and/or re- new registered agent and/or the new regist			ie name of the	
the second secon	crea office address.			
Name of New Registered Agent			 	
	(Florida stre	et address)		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:			, Florida	
		City)	riorida_	(Zip Code)
New Registered Agent's Signature, if changing				
I hereby accept the appointment as registered ag	ent. I am familiar w	ith and accept the obliq	gations of the po	osition.
	Simulation - CV D	minamud (m. m. 1871		
	- signature of ivew Ke	gistered Agent, if chan	gmg	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, 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:

 $P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CE Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of <math>\epsilon$ 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 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 Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
	
 	
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(3)	

The date of each amendment(s) ad	loption:	, if ou
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the Dep	lock does not meet the applicable statutory filing requirements, this d partment of State's records.	ate will not be lis
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes east for the amendment fficient for approval.	(s)
	roved by the shareholders through voting groups. The following statem 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	<u></u>	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and sharehold	ler
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	9/19/19	
Signature	() MM ML)	
(By a di	rector, president or other officer - if directors or officers have not been	
	 by an incorporator – if in the hands of a receiver, trustee, or other could define fiduciary by that fiduciary) 	rt
аррот	^	
	Ann M. Jara	
•	(Typed or printed name of person signing)	
	VP Secretary (Title of person signing)	
·	(Title of person signing)	