

L03000045002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

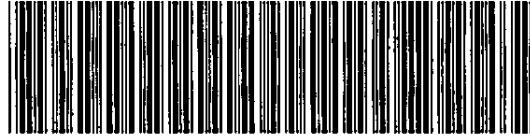
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100285538491

05/12/16--01010--007 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 MAY 12 AM 8:59

FILED

*Handwritten signature*

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Fort Dallas Golf Club GP, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Catherine H. Lorie  
Name of Person  
Fort Dallas Golf Club GP, LLC  
Firm/Company  
133 Sevilla Avenue  
Address  
Coral Gables, Florida 33134  
City/State and Zip Code  
lorie@apachecap.com  
E-mail address: (to be used for future annual report notification)

FILED  
16 MAY 12 AM 8:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Catherine H. Lorie  
Name of Person  
305 285-5588  
at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Fort Dallas Golf Club GP, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on November 17, 2003 and assigned Florida document number L03000045002.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED  
16 MAY 12 AM 8:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: Catherine H. Lorie

New Registered Office Address: 133 Sevilla Avenue

*Enter Florida street address*

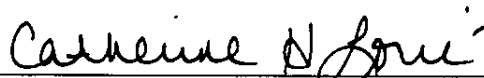
Coral Gables, Florida 33134

*City*

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*



If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Stephan Medina	9430 S.W. 130 Street	<input type="checkbox"/> Add
		Miami, Florida 33186	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Catherine H. Lorié	133 Sevilla Avenue	<input checked="" type="checkbox"/> Add
		Coral Gables, Florida 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
 MAY 12 AM 9:00  
 TALLAHASSEE, FLORIDA  
 STATE SECRETARY OF TREASURY

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

16 JAN 12 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

E. Effective date, if other than the date of filing: May 4, 2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated May 5, 2016

Catherine H. Lorie Manager  
Signature of a member or authorized representative of a member

Catherine H. Lorie  
Typed or printed name of signer