## 105000031646

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PICK-UP	☐ WAIT	MAIL
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 082573 7722591
AUTHORIZATION Inchalenda
COST LIMIT : 05.00
ORDER DATE : February 22, 2018
ORDER TIME : 10:11 AM
ORDER NO. : 082573-005
CUSTOMER NO: 7722591
DOMESTIC AMENDMENT FILING
NAME: IMG ACADEMICS GOLF & COUNTRY CLUB, LLC
EFFECTIVE DATE:
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Roxanne Turner -- EXT# 62969

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IMG Academies Golf & Country Club,	LLC	
(Name of the Limited L (A F	iability Company as it now appears on our records.) londa Limited Liability Company)	***************************************
The Articles of Organization for this Limited Liabil		and assigned
Florida document number L05000031646		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
IMG Academy Golf and Country Club, LLC		
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	<u> </u>	
Principal office address MUST BE A STREET A	•	
Enter new mailing address, if applicable:		, <del>'</del>
Mailing address MAY BE A POST OFFICE BOX	K)	<b>3 3 3</b>
		CO TO
3. If amending the registered agent and/or i		r the name of the ne
egistered agent and/or the new registered office	address here:	<b>5.</b> 10
		10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name of New Registered Agent:		5.
New Registered Office Address:		
<del></del>	Enter Florida street address	
	, Florida	
****	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 **Title** <u>Name</u> **Address Type of Action** □ Add ☐ Remove ☐ Change □ Add □ Remove \_□ Change \_□ Add Remove STAdd S Remove ☐ Add \_□ Remove \_□ Change □ Add ☐ Remove ☐ Change

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Page 3 of 3

Filing Fee: \$25.00