Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850) 222-1092

Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. *

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WILDWOOD GOLF, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

C. LEWIS

DEC _ 1 2010

EXAMINER

COVER LETTER

| | egistration Scivision of Co | | | | | |
|---|-------------------------------------|---|---|---|--|--|
| SUBJECT | Wildwood | Golf, LLC | | | | |
| | (Name of Limited Liability Company) | | | | | |
| The enclose | d Articles of | Amendment and fee(s) are sul | omitted for filing. | | | |
| Please retur | n all correspo | ondence concerning this matter | to the following: | | | |
| | | Susan C. Conley | | | | |
| | | | (Name of Person) | | | |
| - | | FDIC | | | | |
| | | | (Firm/Company) | | | |
| | | 7777 Baymendows Way W | 'cst | | | |
| | | | (Address) | | | |
| | Jacksonville, F1. 32256 | | | | | |
| | | | (City/State and Zip Code) | | | |
| For further | informati on c | oncerning this matter, please o | all: | | | |
| Mark E. Ma | Jec | st (904) 256 3427 | | | | |
| (Name of Purson) (Area Code & Daytime Telephone Number) | | | | Felephone Number) | | |
| Enclosed is | a check for th | e following amount: | | | | |
| □ \$ 25.00 F | iling Fee | □\$30.00 Filing Fee & Certificate of Status | Cits55.00 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

2010 NOV 30 AM :2: 25

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TALÉMIÁSSLÉ FÉLTION

| Wildwood Golf, LLC | | | |
|--|--|--|--|
| (Name of the Limited Liability Compa (A Florida Limited I | iny as it now appears on our records.) Liability Company) | | |
| The Articles of Organization for this Limited Liability Company Florida document number L05000103095 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | bility company here: | | |
| The new name must be distinguishable and end with the words "Lim" "L.L.C." | ited Liability Company," the designation "LLC" or the abbreviati | | |
| Enter new principal offices address, if applicable: | FDIC | | |
| (Principal office address MUST BE A STREET ADDRESS) | 7777 Baymeadows Way West | | |
| | Jacksonville, Fl. 32256 | | |
| Enter new mailing address, if applicable: | FDIC | | |
| (Mailing address MAY BE A POST OFFICE BOX) | 7777 Baymeadows Way West | | |
| | Jacksonville, Fl. 32256 | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | (Enter Florida street address) | | |
| | , Florida | | |
| | (City) (Zip Code) | | |
| New Registered Agent's Signature, if changing Registered Agent: | | | |

(If Changing Registered Agent, Signature of New 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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records;

MGR = Manager MGRM = Managing Member

| <u>Title</u> | Name | <u>Address</u> | Type of Action |
|--------------|-----------------------------------|---|----------------|
| MGR | Mark E. Malec | FDIC 7777 Baymeadows Way West Jacksonville, Fl. 32256 | Add Remove |
| MGR | Walter C. Dodson | 2832 Crawfordville Hwy Crawfordville, Fl. 32327 | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add |
| | | | Add Remove |
| D. If smen | ding any other information, enter | change(s) here: (Attach additional sheets, if neces | sary.) |
| | | | 2018 NOV 30 |
| Dated | 1-15-2010 | · | NOV 30 AM & |
| | Signature of a m | nember or authorized representative of a member | (%) |

Typed or printed name of signer
Page 2 of 2

Filing Pee: \$25.00