Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SMITH & GROMANN, P.A.

Account Number : 075350000233 Phone : (561)372-2700

Fax Number : (561)892-0743

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 21075 CLUB HOLDING, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

C. LEWIS

FEB 1 7 2010

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2010 FEB 16 AM & 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

210	75 CLUB HO	DLDING, LLC	<u>; </u>			
(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 Li	lability Company	were filed on	10/12/2007	und ussigned		
Florida document numberL07000104	<u> 1011 </u>					
This amendment is submitted to amend the following:						
A TE N Audhaussuus		1Y#				
A. If amending name, enter the new name of	the limited liabi	nty company nere				
The new name must be distinguishable and end wit "L.L.C."	th the words "Limit	ed Liability Compan	y," the designation "	LLC" or the abbreviation		
		4005 NIN 5-1	0	Outs DOD		
Enter new principal offices address, if applicable:		1095 NW Broken Sound Parkway, Suite 200				
(Principal office address MUST BE A STREE	TADDRESS)	Boca Raton, FL 33487-3524				
	,		-	······································		
Enter new mailing address, if applicable:						
Mailing address MAY BE A POST OFFICE	BOX)		· · · · · · · · · · · · · · · · · · ·	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered of			ir records, <u>enter</u>	the name of the new		
registered agent and/or die new registered or	THE BOUTCH HELE	•				
Name - Character and Constant	John W. Sm	ith				
Name of New Registered Agent:	John W. Smith					
New Registered Office Address:	1095 NW Broken Sound Parkway, Suite 201					
	Enter Florida street address					
·	Bo	ca Raton	, Florida	33487-3524		
		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 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 Changing Full County of New Registered Agent						

Page 1 of 2

MGR = Manager

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:

MCRM = M	anaging Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	GLENN E. GROMANN	2201 NW Corporate Blvd. Suite 200 Boca Raton Fl 33431	Add Remove
<u>MGRM</u>	BRADFORD R. GEISEN	1095 NW Broken Sound Parkway Suite 200 Boca Raton, EL 33487-3524	Add Remove
			Add Remove
<u></u>	***************************************	· · · · · · · · · · · · · · · · · · ·	Add Remove
			Add R∈move
D. If amend	ing any other information, enter chang	e(s) bere: (Attach additional sheets, if necessary.)	_
			MINFEB 16 AM & 22 MINFEB 16 AM & 22 TALLAHASSEE, FLORIDA
Dated	Office	010 .	E C
,	• •	r or authorized representative of a member	
,		NN E. GROMANN	-

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Filing Fee: \$25.00