L07000122674

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(Address)
(Address)
(City/State/Zip/Phone #)
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.: (Document Number)
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09 OCT -5 AM IO: 39
SECRETARY OF STATE
TALLAHASSEE, FLORID

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Harbor Club St. Augustine Holdings 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:
MATHEW FIELD Name of Person
THE FIELD GROUP, LLC Firm/Company
2009 SUMMER STREET # 300 Address
STAMPORD CT, 06905 City/State and Zip Code The Field Froul & Vahoo. ce.m E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MATHEW FIELD at (203) 355-0000 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee \$ \$55.00 Filing Fee \$ \$60.00 Filing Fee, Certificate of Status \$ Certified Copy (additional copy is enclosed) \$ 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



September 22, 2009

MATHEW FIELD 2009 SUMMER STREET #300 STAMFORD, CT 06905

SUBJECT: HARBOR CLUB HOLDINGS LLC

Ref. Number: L07000122674

We have received your document for HARBOR CLUB HOLDINGS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 609A00030987

ARTICLES OF AMENDMENT , TO. ARTICLES OF ORGANIZATION

FILED 09 OCT -5 AM 10: 39

	ldings uc	REPORTS OF STATE REPORTS OF STATE PROPERTY OF STATE PROPERTY OF STATE PROPERTY OF STATE
(Name of the Limited Liab (A Flor	oility Company as it now a rida Limited Liability Comp	pany)
The Articles of Organization for this Limited Liabili Florida document number <u>しゅうゆり122</u>	ty Company were filed on	$n = \frac{5}{2} + \frac{3}{64}$ and assigned
This amendment is submitted to amend the followin	g:	
A. If amending name, enter the new name of the The new name must be distinguishable and end with the		
The new name must be distinguishable and end with the "L.L.C.".	words "Limited Liability (Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	<u></u>	
(Principal office address MUST BE A STREET A	DDRESS)	(No change)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>	(no charge)
B. If amending the registered agent and/or r registered agent and/or the new registered office		s on our records, enter the name of the nev
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:

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:

1

MGR = Manager

MGRM = Ma	naging Member		
Title	<u>Name</u>	Address	Type of Action
MGRM	Joseph Field Dynnst	Stylvist. 2009 Sommer St. Stylvist. 2009 Sommer St. Soute 300 Stemfort, CT 06	Add Remove
MGRM	Field Family Dyn	sty Trust. 2009 Simmer 21. Soute 300 Stemfort, CT 06	Add Remove
			Add Remove
			Add
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter	change(s) here: (Attach additional sheets, if nece	ssary.)
	·		O9 OCI
Dated	September 18.	2009	-5 AM IO: 39 ARY OF STATE SSEE, FLORIDA
-	Signature of a	nember or authorized representative of a member H 2 1	

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Filing Fee: \$25.00