

Confirmation Report - Memory Send

Page : 001
Date & Time: Feb-22-08 12:05pm
Line 1 : 9413542491
Line 2 :
E-mail :
Machine ID : Kirk Pinkerton SN#RCO-012326

Job number : 814
Date : Feb-22 12:04pm
To : 3818506176380
Number of pages : 003
Start time : Feb-22 12:05pm
End time : Feb-22 12:06pm
Pages sent : 003
Status : OK

The fax was sent successfully, but amendment not showing filed; please file on this date, 12/22/08

L. SELLERS

Job number : 814
Division of Corporations

*** SEND SUCCESSFUL ***

FEB 29 2008

Page 1 of 1

EXAMINER

Florida Department of State
Division of Corporations
Public Access System

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To: Division of Corporations
Fax Number : (850) 617-6380
Account Name : KIRK PINKERTON, A PROFESSIONAL ASSOCIATION
Account Number : 071670003600
Phone : (941) 364-2491
Fax Number : (941) 364-2490

AMND/RESTATE/CORRECT OR M/MG REVISION

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Certified Copy	1
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Estimated Charge	\$55.00

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : KIRK PINKERTON, A PROFESSIONAL ASSOCIATION
Account Number : 071670002600
Phone : (941) 364-2481
Fax Number : (941) 364-2490

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

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

KFD PROPERTIES GOLF, 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 December 11, 2007 and assigned
Florida document number L07000122886.

This amendment is submitted to amend the following:

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

KFD GOLF, LLC

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

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:

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 Changing Registered Agent, Signature of New Registered Agent)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

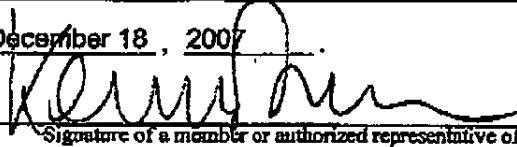
_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

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

Dated December 18, 2007



Signature of a member or authorized representative of a member

Kevin F. Daves

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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