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**J SHIVERS** 

## **COVER LETTER**

	istration Sec ision of Corp		•	
SUBJECT:	PGA Indiant	own Investments, LLC		
SUBJECT.		Name of Limi	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		John L. Soileau		
			Name of Person	
		Watson, Soileau, DeLeo, E	Burgett & Pickles, P.A.	
			Firm/Company	
		3490 North U.S. Highway	1	
			Address	
		Cocoa, FL 32926		
			City/State and Zip Code	
		jsoileau@brevardlawgroup.		
		E-mail address: (	to be used for future annual report notific	ation)
For further in	formation co	ncerning this matter, please ca	all:	
John L. Soile	eau		321 631-1550 at ()	
	Name of	Person	Area Code Daytime T	Celephone Number
Enclosed is a	check for the	e following amount:		
<b>■</b> \$25.00 Fi	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

12 5.

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PGA Indiantown Investments, LLC		
(Name of the Limited Liz (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit		
Florida document number L09000010905	<del></del>	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	*Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or registered agent and/or the new registered office a		enter the name of the nev
Name of New Registered Agent:		AR AU
New Registered Office Address:	Enter Florida street address	S 6
	, Flor	ida E
<del>-</del>	City	ZV ZrZip Gode
New Registered Agent's Signature, if changing Regist	tered 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Shah, Mahesh	402 High Point Drive, Ste 101	
		Cocoa, FL 32926	■ Remove
			☐ Change
MGRM	Donnini, Gerald J.	658 W. Indiantown Road, Ste 208	Add
		Jupiter, FL 33458	■ Remove
			☐ Change
MGR	Shah, Mahesh R.	402 High Point Drive, Ste 101	<b>=</b> Add
		Cocoa, FL 32926	□ Remove
			☐ Change
MGR	Donnini, Gerald J.	658 W. Indiantown Road, Ste 208	🛱 Add
		Jupiter, FL 33458	Remove
			Change
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Filing Fee: \$25.00