## L0900009aa46

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## COVER LETTER

TO: Registration Section Division of Corporations				·-	
1	Crown Jewe	el Cl <b>o</b> b Operations, LLC	ž.		,
SUBJEC					
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	urn all correspo	ndence concerning this matter	to the following:		
		Chuck Stein			
			Name of Person		_
		Crown Jewel Club Operati	ons. LLC		
			Firm/Company		
		8825 SW 110th Street			
			Address		_
		Ocala, FL. 34481			
			City/State and Zip Code	.,	<del></del>
		estein@deccahomes.com E-mail address: (	to be used for future annual rep	ort notification)	_
For furthe	er information co	oncerning this matter, please ca	all:		
Chuck St	ein		352 572-4 at ( )	103	
	Name of	f Person	Area Code	Daytime Telephone Num	ber
Enclosed	is a check for th	e following amount:			
□ \$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certif ed) Certif	Filing Fee, icate of Status & ied Copy onal copy is enclosed)

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Crown Jewel Club Operations, LLC	2025 MAY 22	AH 8: 25
( <u>Name of the Limited Liability Company as it no</u> (A Florida Limited Liability C	ow appears on our records.) ompany)	
The Articles of Organization for this Limited Liability Company were file Florida document number $\frac{L09000092246}{}$ .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability con	pany here:	
The new name must be distinguishable and contain the words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation "L.L.	<u>C."</u>
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
-		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, <u>enter the name of the new r</u>	registered
Name of New Registered Agent:		
New Registered Office Address		
New Registered Office Address:  Enter Florida street address		<del></del>
	, Florida	
City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to accept one of all statutes relative to the proper and complete perform accept the obligations of my position as registered agent as provided being filed to merely reflect a change in the registered office address company has been notified in writing of this change.	nance of my duties, and I am familiar with a I for in Chapter 605, F.S. Or, if this docum	and ent is

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
AR	Bradley C. Martinson	31899 Del Obispo Street Suite 150	□Add
		San Juan Capistrano, CA, 92675	≣Remove
			□Change
			□Add
			Remove
		-	□Change
<u></u>	Steven Miller	8825 SW 110th Street	<b>∃</b> Add
		Ocala, FL. 34481	□ Remove
			Change
			□Add
		<del></del>	Remove
		<del></del>	□ Change
		<del>-</del>	□Add
			□Remove
			Change
<del></del>			□Add
			Remove
			□Change

	<u> </u>
	change(s) here: (Attach additional sheets, if necessary.)  F [ [ F ] ]  2025 HAY 22 AM 8: 25
	: 25 AM 8: 25
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
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	05/16/2025
E. Effective date, if other than the date of filin (If an effective date is listed, the date must be specific at Note: If the date inserted in this block does not document's effective date on the Department of	ng:(optional) nd cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b meet the applicable statutory filing requirements, this date will not be listed as the
FTERCOORSECHES ALHASEDERFCINE DVE, BUIN ECORDIS RIFO	DTANEHICTNE TIME, AT 12:01 AM. ON THE EARLIEROP (B) THE 90 THOW AFTER THE
Dated May 16th.	2025
S	Mu
Signature of a	member or authorized representative of a member
Steven Miller	
	Typed or printed name of signee

Filing Fee: \$25.00