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COVER LETTER

	Registration Se Division of Cor	porations		
	The Club at	い Hidden Creek LLC		,
SUBJEC				<u> </u>
		Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Jim Morgan		
			Name of Person	
		The Club at Hidden Creek	LLC	
			Firm/Company	
		3070 PGA Blvd		
			Address	
•		Navarre, Fl 32566		
			City/State and Zip Code	
		jmorgan@theclubathiddenc		
		E-mail address: (to be used for future annual report notifi	cation)
For further	er information co	oncerning this matter, please ca	all:	
Jim Morg			850 936-5852 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	00 Filing 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:

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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

The Club at Hidden Creek LLC		}		
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.)	 		
The Articles of Organization for this Limited Liability Company were file Florida document number L12000139626 This amendment is submitted to amend the following:		d assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability com	pany here:			
	21 A 1 2 4 6 6 7 7 (22) and a Albaniai	- 6T T C 2		
The new name must be distinguishable and contain the words "Limited Liability Compa	ny," the designation "LLC" or the aboreviation	n "L.L.C."		
Enter new principal offices address, if applicable:		·		
(Principal office address MUST BE A STREET ADDRESS)				
	·	1		
Enter new mailing address, if applicable:		; ;		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>			
	ASS A	 • · · · · b		
B. If amending the registered agent and/or registered office address here:	Iress on our records, enter the na	me of the ne		
	id Co			
Name of New Registered Agent:	i			
New Registered Office Address:				
	Enter Florida street address			
City	, Florida, Zip			
New Registered Agent's Signature, if changing Registered Agent:	<i>Σψ</i> (юue		
I hereby accept the appointment as registered agent and agree to act provisions 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 familia I for in Chapter 605, F.S. Or, if this	r with and document is		

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>	<u>Address</u>	Type of Action
MGRM	Holley Navarre Water System Inc.		Add
			■ Remove
			☐ Change
MGRM	Billy Sublett	8574 Turkey Bluff Road,	■ Add
		Navarre, FL 32566	□ Remove
			Change
			Add
		-	□ Remove
			Change S Add.
			SSEE of Remove
	·	 	SSEE FLORIDA
			Add
			☐ Remove
			☐ Change
			□ Add
			Remove
			☐ Change

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n effective date is listed, the date mus ote: If the date inserted in this bl	st be specific and	l cannot be pri	or to date of fi	iling or more t	han 90 days afte	er filing.) Purs	suant to not be	605.020′ listed as
cument's effective date on the D					-			
record specifies a delayed	d affactive c	lato but n	ot an offe	etiva tima	n nt 12:01	3 m on t	ha aa	rliar a
The 90th day after the rec			oc an ene	ccive cime	s, at 12.01	a.iii. Uii t	iie ea	inei o
, October 30th		2015						
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00