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COVER LETTER

TO: Registration S Division of Co		+ tag		
SUBJECT:	SSIMMEE GO Name of Lin	olf Club, LLC mited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
	Eugen	ne J. Garrote		- F8
	Kissimm	ee Golf Club, LL Firm/Company	<u>C</u>	TRECRETARISSIES TILORIUM 16 JUL 27 PH 3: 09
		Orange Lake Bl	ud #397	E.T. 031 0
	Kissimm	ee, F1 34747		Q ş
	g g arroti	ee F1 34747 City/State and Zip Code e D integrity 901f CO. Coto be used for future annual deport notification	iom on)	
For further information c	oncerning this matter, please ca			
	IZZO f Person	at (407) 378-465 Area Code Daytime Tele	3 × 4504 ephone Number	
Enclosed is a check for th	e following amount:			
□ \$25.00 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 Stat Certified Copy (additional copy is end	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kissimm	ee Golf	Club, LL	C	
(Name of the Limite	d Liability Compan A Florida Limited Li	y as it now appears or ability Company)	our records.)	
The Articles of Organization for this Limited Lia Florida document number 130001119		vere filed onO&	108/2013	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabil	ity company here:		
The new name must be distinguishable and contain the wor	rds "Limited Liability	v Company," the design	nation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applical	ble:			3
(Principal office address MUST BE A STREET	ADDRESS)		_	自动
				二
Enter new mailing address, if applicable:			e Golf Clu	
(Mailing address MAY BE A POST OFFICE BO	<u>OX)</u> .	14900 E Or		Blud #391/
	-	Kissimmee	, FI 59 N	1
B. If amending the registered agent and/or registered agent and/or the new registered office		e address on our	records, enter	the name of the new
Name of New Registered Agent:				
New Registered Office Address:	14900	E Orange L	ake Blud	#397
_	Kissimi		eel address , Florida	34747
		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 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>	Name	Address	Type of Action
mgrm	Integrity Cooff Company LLC	Change address to:	
		14900 E Orange Lake Blud #397	□ Remove
		Kissimmee, Fl 34747	Change
main	Malentin, Tano O.	Change address to:	Add SECT
		14900 E Orange Lake Blud #3	97 Remove
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Tective date, if other than an effective date is listed, the date: If the date inserted in the cument's effective date on the	te must be specific his block does n	and cannot be out of meet the ap	prior to date of f pplicable statut	iling or more than ory filing requir	(optional 90 days after filin ements, this dat	g.) Pursuant to 605.0
record specifies a del he 90th day after the	record is file	ed.		ctive time, a	t 12:01 a.m.	on the earlie
ed July a)	_, <u>20</u>	16/1	-		
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Filing Fee: \$25.00