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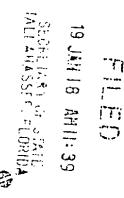
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| Div | ision of Cor | porations | | |
|----------------|--|---|---|--|
| SUBJECT: | Palm City C | Golf LLC | | |
| Sobject. | | Name of Lim | ited Liability Company | |
| The enclosed | l Articles of . | Amendment and fee(s) are sub | mitted for filing. | |
| Please return | all correspo | ndence concerning this matter | to the following: | |
| | | Brian Wenrick | | |
| | | Palm City Golf LLC | Name of Person | |
| | | | Firm/Company | |
| | | 1701 SW Crane Creek Avo | | |
| | Address Palm City FL 34990 City/State and Zip Code Accounting@banyancreekgc.com | | | |
| | | | | |
| | | E-mail address: (| to be used for future annual report notif | ication) |
| For further in | nformation co | oncerning this matter, please ca | all: | |
| Maryanne H | ayes | es 772 320-9845 | | |
| | Name of | Person | Area Code Daytime | Telephone Number |
| Enclosed is a | check for th | e following amount: | | |
| □ \$25.00 F | 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:

TO:

Registration Section

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

Division of Corporations
Clifton Building
2661 Executive Center Circle

Registration Section

STREET/COURIER ADDRESS:

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Palm City Galt LLC

| (<u>Name of the Limitelt Liability C</u> A Florida Lii | Company as it now appears on our records.) mited Liability Company) | |
|---|---|--|
| The Articles of Organization for this Limited Liability Com- Florida document number <u>L14000128910</u> . | npany were filed on August 8, 2014 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | d liability company here: | |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRES | <u> </u> | |
| | | <u> </u> |
| | | |
| Enter new mailing address, if applicable: | | (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c |
| (Mailing address MAY BE A POST OFFICE BOX) | | - m |
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| | | 32 3 55 3 |
| B. If amending the registered agent and/or register registered agent and/or the new registered office addres | | |
| 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 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> | <u>Address</u> | Type of Action |
|--------------|----------------|---|--|
| AMBR | Maryanne Hayes | 1701 SW Crane Creek Avenue, Palm City FL 34990 | _ _ ∃ Add |
| | | | ☐ Remove |
| | | | Change |
| AMBR | Dawn Abate | | |
| | | 1701 SW Crane Creek Avenue Palm City FL 34990 | ■ Remove |
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| ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of file | (optional) |
| an effective date is listed, the date must be specific and cannot be prior to date of files. If the date inserted in this block does not meet the applicable statute. | ling or more than 90 days after filing.) Pursuant to 605.020 pry filing requirements, this date will not be listed a |
| locument's effective date on the Department of State's records. | |
| | |
| e record specifies a delayed effective date, but not an effective 90th day after the record is filed. | ctive time, at 12:01 a.m. on the earlier of |
| Dated, | |
| | |
| 5 hours | sentative of a member |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00