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SECRETARY OF STATE
ANAMASSIS FLORING

1. HARRIE

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	2 - Capital Cit	Country Club, L	LC
The enclosed Articles of	f Amendment and fee(s) are su	ibmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
	Eugen	ne J. Garrot	٩
	16C-Cap	Hal City Country C	lub, LLC
	14900 E	Orange Lake	Blud #397
	Kissimm	ee FI 3474 City/State and Zip Code	7
	g g arrot	to be used for future annual deport notif). COM
For further information co	oncerning this matter, please c		
	Izzo	at (407) 378-46 Area Code Daytime	53 ×4504
Name of	Person	Area Code Daytime	Telephone 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 Status & Certified Copy (additional copy is enclosed)

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

16C-Capital C (Name of the Limited	Liability Compa	ny as it now appears	s on our records.)	
The Articles of Organization for this Limited Liab Florida document number <u>L140001938</u>	oility Company	were filed on 1	1/35/3014	and assigned
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	ne limited liabi	lity company her	<u>re</u> :	
The new name must be distinguishable and contain the word	ls "Limited Liabil	ity Company," the de	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicab (Principal office address MUST BE A STREET)				
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BO</u>	<u>)X)</u>	16C-Capi 14900 E Kissimm	tal City Count Orange Lake ee, F1 347	try Club, LLC Blud #397
B. If amending the registered agent and/or registered agent and/or the new registered office			our records, <u>enter</u>	the name of the ne
Name of New Registered Agent:				
New Registered Office Address:	14900	E Orange	Lake Blud	#397
-	Kissin	imee City	, Florida	34747 Zip Code
New Registered Agent's Signature, if changing Regi	stered Agent:			
hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the region of this change in the sen notified in writing of this change in the sen notified in writing of this change in the sen notified in writing of this change in the sen notified in writing of this change in the sen notified in writing of this change in the sen notified in writing of this change in the sen notified in writing of this change in the sen notified in writing of this change in the sen notified in writing of this change in the sen notified in writing of this change in the sen notified in writing of this change in the sen notified in writing of the sen notified in writing of the sen notified in the sen notified i	nd complete p ed agent as pr stered office a	erformance of m ovided for in Cho	y duties, and I am fa apter 605, F.S. Or	amiliar with and if this document 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 Title Name Address Type of Action 16301 Phil Ritson Way Davis, William III AMBR □ Add Winter Garden, F1 34787 Remove ☐ Change Change address to: AMBR Integrity CoH Company LIC ☐ Add 14900 E Orange Lake Blud #397 □ Remove Kissimmer F1 34747 Change Garrote, Eugene) Change address to: AMBR □ Add 14900 E Orange Lake Blud #397 ☐ Remove Kissimmee, Fl 34747 □ Add ☐ Remove ☐ Change □ Add ☐ Remove oi Ú:Change;→ ☐ Change

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ective date, if oth n effective date is lister	er than the date of	filing:	date of filing or more t	(optional)	Pursuant to 605 02
te: If the date inser	ted in this block does	s not meet the applicab	ole statutory filing red	quirements, this date	will not be listed
cument's effective d	late on the Departmen	nt of State's records.			
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ed	Signature	of a member or author	d representative of a	member = 1	
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ed <u>JOIY</u>	Signature Euger	\ ///	arrote name of signee	nember HITAK	27 1

Filing Fee: \$25.00