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COVER LETTER

TO:	Registration Sec Division of Corp			,
	_	GOLF MANAGEMENT, LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspor	idence concerning this matter	to the following:	
		TIFFANY MCMANUS		
			Name of Person	
		FLAGLER GOLF MANA	GEMENT, LLC	
			Firm/Company	
		711 Village Blvd Suite 10	I	
			Address	
		WEST PALM BEACH, FI	L 33409	
		BRAVOFIN@AOL.COM	City/State and Zip Code	
		E-mail address: (to be used for future annual report notific	cation)
For fu	rther information co	oncerning this matter, please c	all:	
TERF	RENCE MCMANU	S	561 309-7777 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	e following amount:		
= \$2	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

TO ARTICLES OF ORGANIZATION OF

FLAGLER GOLF MANAGEMENT, LLC

(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on MARCH 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited 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 ADI	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regressioner registered agent and/or the new registered office ac		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		900 1 mm
	Enter Florida street address , Florid	1a 2
_	City	Ztp 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	TERRENCE MCMANUS	2531 Sawyer Terrace	■ Add
		Wellington, FL 33414	□ Remove
			Change
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	MAY 31, 2016	**	5
E. Effective date, if other than the date of (If an effective date is listed, the date must be speci. Note: If the date inserted in this block does document's effective date on the Department.	ific and cannot be prior to date of filing s not meet the applicable statutory	(optional) g or more than 90 days after filing.) P filing requirements, this date wi	ursuant to 605.0207 (3)(b)
If the record specifies a delayed effect (b) The 90th day after the record is t		ive time, at 12:01 a.m. on	the earlier of:
MAY 31,	2016		
Dated	The h		
Signatur	re of a member of authorized represen	tative of a member	
TERRENCE MCMANUS, MG	R //		
	Typed or printed name of sign	nee	

Page 3 of 3

Filing Fee: \$25.00