

| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | : |
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Office Use Only



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D. SCOTT MAY 9 2017

COVER LETTER

| TO: Registration Division of C | | • | |
|--------------------------------|---|---|--|
| SUBJECT: | Golf Life Name of Lin | Properties 11 | <u></u> |
| The enclosed Articles | of Amendment and fee(s) are sul | bmitted for filing. | |
| Please return all corres | pondence concerning this matter | to the following: | |
| | Jason | H. Becker | |
| | <u> </u> | rife Properties, | 446 |
| | 3510 K | raff Rd. Suife Address | 200 |
| | Naples Jason @ | FL 34105 City/State and Zip Code Golf Life Wavigete (to be used for future annual report notifi | ors. con |
| For further information | E-mail address: (concerning this matter, please c | | cation) |
| | | | - 99 2 9 ST Telephone Number ASST BY ST TO |
| Enclosed is a check for | the following amount: | | Ho a |
| \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | 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

| Golf Life Proper | ties, LLC | |
|--|---|-------------------------|
| (Name of the Limited Liability Company (A Florida Limited Liab | as it now appears on our records.) ility Company) | |
| The Articles of Organization for this Limited Liability Company we | ere filed on $\frac{6/17/2015}{2015}$ | and assigned |
| Florida document number <u>L 15000106069</u> . | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabilit | <u>y company here</u> : | |
| The new name must be distinguishable and contain the words "Limited Liability | Company," the designation "LLC" or the a | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| - | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| _ | | |
| B. If amending the registered agent and/or registered offic | e address on our records, enter | r the name of the new |
| registered agent and/or the new registered office address here: | | |
| Name of New Registered Agent: | | i Sign |
| | | 夏田 |
| New Registered Office Address: | Enter Florida street address | - SS |
| | , Florida | |
| | City , Florida _ | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | F 22 |
| I hereby accept the appointment as registered agent and agree | to act in this capacity. I further a | gree to comply with the |
| provisions of all statutes relative to the proper and complete per | | |
| accept the obligations of my position as registered agent as pro being filed to merely reflect a change in the registered office ad | | |

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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 = A | uthorized Member | | |
|--------------|-------------------|-----------------|--|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| MGR | Nishika Gneen | 350 Kraft Road | |
| | | Suite 200 | Remove |
| | | Naples FL 34105 | ☐ Change |
| MGR | John G. Josephson | 3510 Kraft Road | Add |
| | | Suite 200 | □ Remove |
| | | Naples FL 3410: | ∑ □ Change |
| | | D Add | |
| | | Remove | |
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| ective | date, if other than the date o | f filing: | | (optiona |)) |
| effecti | date, if other than the date o | ific and cannot be price | or to date of filing or mo | ore than 90 days after filin | g.) Pursuant to 605.02 |
| | he date inserted in this block doe 's effective date on the Departme | | | requirements, this dat | e will not be listed |
| | , | | | | FOR |
| recor | d specifies a delayed effec | tive date but n | ot an effective ti | me. at 12:01 a.m | ్రస్త≦్లం . on the earlier |
| he 90 | th day after the record is | filed. | | , at == | |
| | d specifies a delayed effectoth day after the record is M_{A_Y} | | | | <u> </u> |
| ed | MAY 4 | 2017 |) | | 量形 2 |
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| | | | V / Trasiden | T, Golf Life F | roperties |
| | | | horized representative | of a member | |

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Filing Fee: \$25.00