Lou Ann Rutkowski Crary-Buchanan Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CRARY, BUCHANAN, BOWDISH

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: (772)287-2600

Fax Number

: (772)287-0115

**Enter the email address for this business entity to be used for but annual report mailings. Enter only one email address ofease.

lcruz@mcarthurgolf.com Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MCARTHUR GOLF LIMITED LIABILITY COMPANY

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

McArthur	Golf Limited Liability Com	party			
(Name of the Limited Li. (A Flo	thility Company as it now appride Limited Liability Compan	pears on our records.)		
The Articles of Organization for this Limited Liabilit	y Company were filed on	10/15/15	·	and	assigned
Florida decaument number L15000176796	·				
This amendment is submitted to amend the following	g:				
A. If amending name, enter the new name of the	ilmited liability company	<u>/ here</u> :			
McArthur Golf, LLC					
The new name must be disringuishable and contain the words "	Limited Liability Company," tl	he designation "fulC"	or the abl	reviation	"L.L.C."
Enter new principal offices address, if applicable:	***************************************				***
(Principal office address MUST BE A STREET AL	DRESS)				
			<u> </u>	200	
			PAR AR	NON S	
Enter new mailing address, if applicable:	17007-7-40000-0077	***************************************	HAZA AZA	======================================	
(Mailing address MAY BE A POST OFFICE BOX			の大	2	!
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B. If amending the registered agent and/or re- registered agent and/or the new registered office a		on our records,	enser i	he⊃nan L	ie of the nev
Name of New Registered Agent:				1	
New Registered Office Address:					****
	Enter i	Florida sirvet address			
	, Florida				
Non-Designand Agents County of the State	City			Zip Cot	18
New Registered Agent's Signature, if changing Regist	ered 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

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Lou Ann Rutkowski Crary-Buchanan

MGR = Manager

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_D Change

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member Title Name Address Type of Action _□ Add D Remove __ Change □ Add □ Remove _____ Change ∏ Remova Change BAdd S Add □ Remove Change 🔲 Add ☐ Remove

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The 90th	day after the re	ecord is filed	ļ.		•			
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