

L15000176796

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DEPT OF STATE
TALLAHASSEE, FLORIDA

JUL 27 2017

Y S H K E D

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: McArthur Golf, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

W. Scott Turnbull, Esquire

Name of Person

Crary Buchanan, P.A.

Firm/Company

759 SW Federal Highway, Suite 106

Address

Stuart, FL 34994

City/State and Zip Code

lcruz@mcarthurgolf.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lou Ann Rutkowski

772 233-4602
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

McArthur Golf, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/15/15 and assigned
Florida document number L15000176796.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MAGC, LLC

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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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

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AMBR = Authorized Member

17 JUL 28 AM 4:49
☐ Change
☐ Add
☐ Remove
☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 07-17-2013 BY 60322
UCBAW/STP

17 JUL 24 AM 11:49
FLEET
OFFICE OF SA
GALT, HASSELT, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated

July 14, 2017
 Phil J. Lind

Signature of a member or authorized representative of a member

Peter Lund, Manager

Typed or printed name of signee