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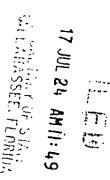
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## **COVER LETTER**

TO: Registration Division of C	Section Corporations				
MeArth	ur Golf, LLC				
	Name of Lin	ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corre	spondence concerning this matter	to the following:			
	W. Scott Turnbull, Esquire	ę			
		Name of Person	<del></del>		
	Crary Buchanan, P.A.				
		Firm/Company	<del>,</del>		
	759 SW Federal Highway. Suite 106				
		Address			
	Stuart, FL 34994				
		City/State and Zip Code	······································		
	lcruz@mearthurgolf.com		<del></del>		
		to be used for future annual report notif	ication)		
For further informatio	n concerning this matter, please co	all:			
Lou Ann Rutkowski		772 233-4602			
Nam	e of Person	at () Area Code — Daytime	Telephone Number		
Enclosed is a check fo	or the 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 Fec. 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 (A Florida Limited Liability	now appears (Company)	on our records.)	· <u>-</u>		
The Articles of Organization for this Limited Liability Company were f	filed on	10/15/15		and assig	ned
Florida document numberL15000176796					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability co	ompany he.	<u>re</u> :			
MAGC, LLC					
The new name must be distinguishable and contain the words "Limited Liability Com-	pany," the de	signation "LLC" or	r the abbrevia	ation "L.L.C	
Enter new principal offices address, if applicable:				.,	
(Principal office address MUST BE A STREET ADDRESS)					
<del>-</del>			<u> </u>	17	
		·	4.7	106	٠,
Enter new mailing address, if applicable:			7.52 7.52 7.52 7.53 7.53	ر ا	* an
(Mailing address MAY BE A POST OFFICE BOX)				T	
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B. If amending the registered agent and/or registered office a	ddress on	our records, c	enter the	က် name of	the ne
registered agent and/or the new registered office address here:					
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Flori	da street address			
	_	, Floric			
Cit	ty			p 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

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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e reco The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.r Oth day after the record is filed.	n. on the	earli	er of:
ated	July 14 . 2017			
	- Pot Of find		<del></del>	
	Signature of a member or authorized representative of a member			
	Peter Lund. Manager			
	Typed or printed name of signee	<del></del>		

Page 3 of 3

Filing Fee: \$25.00