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COVER LETTER

Divis	ion of Corporations
SUBJECT: _	16C. Mount Vintage Plantation Golf Club, LLC Name of Limited Liability Company
The enclosed A	Articles of Amendment and fee(s) are submitted for filing.
Please return al	ll correspondence concerning this matter to the following:
	Eugene J. Garrote Name of Person
	16C. Mount Vintage Plantation Golf Club, LLC Firm/Company
	14900 E Orange Lake Blud #397
	Kissimmee F1 34747 City/State and Zip Code
	City/State and Zip Code QQQTTOTE Dintegrity 901f CO. COM G-mail address: (to be used for fundre annual peport notification)
For further infor	rmation concerning this matter, please call:
Ma	risa Izzo at (407) 378-4653 × 4504 Name of Person Area Code Daytime Telephone Number
Enclosed is a che	eck for the following amount:
□ \$25.00 Filin	g Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

The Articles of Organization for this Limited Liability Company were filed on 10 23 2015 and assigned Florida document number L15000180972 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) 16C-Mount Vintage Plantation Colf ClubLLC 14900 E Orange Lake Blud #397 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:

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Davis, William SIT	16301 Phil Ritson Way	
		Winter Garden, Fl 3478)	Remove
			☐ Change
AMBR	Garrote, Eugene)	Change address too	D Add
		14900 E Orange Lake Blud #30	Remove
		Kissimmer FI 34747	Change
CFO	Whalley, Edward	Change address to:	
		14900 E Orange Lake Blud #397	🖸 Remove
		Kissimmee FI 34747	hange
AMBR	Integrity Colf Company LLC	Change address to:	
		14900 E Orange Lake Blud #39	Remove
		Kissimmee Fl 34747	Change
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Filing Fee: \$25.00