UL 0000 29181

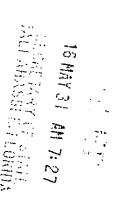
| (Req | uestor's Name) | |
|---------------------------|------------------|-------------|
| (Add | ress) | |
| (Add | ress) | |
| (City) | /State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Nai | me) |
| (Doc | ument Number |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to F | iling Officer: | |
| | | |
| | | İ |
| | | |

Office Use Only



900284978339

05/31/16--01019--019 **25.00



COVER LETTER

| BOCA CLU | JB ACQUISITION GROUP, L | LC | |
|-----------------------------|---|---|--|
| SUBJECT: | Name of Limi | ted Liability Company | \ |
| The enclosed Articles of | Amendment and fee(s) are subr | nitted for filing. | |
| Please return all correspo | ndence concerning this matter t | to the following: | |
| | Gary S. Edinger, Esquire | | |
| | | Submitted for filing. atter to the following: tire Name of Person Edinger & Patanzo, P.A. Firm/Company Address 2601 City/State and Zip Code ess: (to be used for future annual report notification) use call: at (| |
| | Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: Gary S. Edinger, Esquire | | |
| | | Firm/Company | ····· |
| | 305 N.E. 1st Street | | |
| | A CLUB ACQUISITION GROUP, LLC Name of Limited Liability Company les of Amendment and fee(s) are submitted for filing. rrespondence concerning this matter to the following: Gary S. Edinger, Esquire Name of Person Benjamin, Aaronson, Edinger & Patanzo, P.A. Firm/Company 305 N.E. 1st Street Address Gainesville, Florida 32601 City/State and Zip Code GSEdinger@aol.com E-mail address: (to be used for future annual report notification) Ition concerning this matter, please call: at (| | |
| | Gainesville, Florida 32601 | | |
| | · | City/State and Zip Code | - |
| | | | |
| | | | cation) |
| For further information co | oncerning this matter, please ca | ill: | |
| Gary S. Edinger | | 352 338-4440 | |
| Name o | f Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| \$25.00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |

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

| BOCA CLUB ACQUISITION GROUP, LLC | |
|--|------------------------------------|
| (Name of the Limited Liability Company as it now appears on our г (A Florida Limited Liability Company) | ecords.) |
| (A Florida Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Company were filed on February 11. | 2016 and assigned |
| Florida document number L16000029187 | |
| | |
| 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." |
| Fa. A | |
| 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 rec | ords, enter the name of the new |
| registered agent and/or the new registered office address here: | |
| | and the same to |
| | 6 H |
| Name of New Registered Agent: | 27 17 A |
| New Registered Office Address: | မ်းကို ကို |
| New Registered Office Address. Enter Florida street of | ddress |
| | |
| | , Florida |
| City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | 5 |
| | |

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 |
|--------------|--------------------|----------------------------|----------------|
| MGR | FRANK BAHMAN | 7000 W. Palmetto Park Road | Add |
| | | Boca Raton, Florida 33433 | ■ Remove |
| | | | ☐ Change |
| MGR | SALVATORE LOFRISCO | 7000 W. Palmetto Park Road | = Add |
| | | Boca Raton, Florida 33433 | Remove |
| | | | □ Change |
| | | | Add |
| | | | □ Remove |
| | | | Change |
| | | | Add |
| | | | □ Remove |
| | | | Change |
| | | | □ Add |
| | | | Remove |
| | | | Change |
| | | | Add |
| | | | Remove |
| | | | ☐ Change |

| If amending any other information, enter change(s) here: (Attach addi | tional sheets, if necessary.) | |
|---|--|---|
| | | |
| | | |
| | | |
| | | |
| | | , , , , , , , , , , , , , , , , , , , |
| | | |
| | | |
| | ······································ | |
| | | |
| | | |
| | | |
| | | · · · |
| | | |
| | with | |
| | and the second s | <u> </u> |
| | - | — [] |
| | - 17 (1) - 11 - 12 (1) | |
| 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 Note: If the date inserted in this block does not meet the applicable statutory fil | more than 90 days after filing.) Pu ing requirements, this date wil | l not Be listed as t |
| document's effective date on the Department of State's records. | | 7 |
| ne record specifies a delayed effective date, but not an effective The 90th day after the record is filed. | e time, at 12:01 a.m. on | the earlier of: |
| Dated, | | |
| Dated | | |
| Signature of a member or authorized representati | ve of a member | |
| FRANK BAHMAN | | |
| Typed or printed name of signee | | |

Page 3 of 3

Filing Fee: \$25.00