Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JONES, FOSTER, JOHNSTON & STUBBS, P.A.

Account Number : 076077003231 : (561)650-0471 Phone : (561)650-5300 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

THE CLUB, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$55.00 |

Electronic Filing Menu

Corporate Filing Menu

MAY 0 6 2016

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| The Club, 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 February 26, 2016 and assigned Florida document number L16000040154 |
| This amendment is submitted to amend the following: |
| A. If amending name, enter the new name of the limited liability company here: |
| The Grove Golf Club, 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 ne registered agent and/or the new registered office address here: |
| Name of New Registered Agent: |
| New Registered Office Address: |
| Enter Florida street address |
| 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 th 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 |

Page 1 of 3

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> | Name | Address | Type of Action | |
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| | NO. 4012-1161. 411 |
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| If amending any other information, enter change(s) here: (Attach additional si | heets, if necessary.) |
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| ffective date, if other than the date of filing: | (optional) n 90 days after filing.) Pursuant to 605.0207 |
| lote: If the date inserted in this block does not meet the applicable statutory filing requi | irements, this date will not be listed as |
| ocument's effective date on the Department of State's records. | |
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| e record specifies a delayed effective date, but not an effective time, and the same after the record is filed. | at 12:01 a.m. on the earlier of |
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| sated MAN 4 2016. | |
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| -MS Cham | |
| Signature of a member or authorized representative of a me | ember |
| | |
| Larry B. Alexander, Authorized Representative | |

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Filing Fee: \$25.00