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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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

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

Fax Number : (561)650-5300

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 RESIG THE GROVE GOLF CLUB, LLC

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Corporate Filing Menu

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JONES FOSTER

#745

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H170003324883

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

1

The Grove Golf Club, LLC						
(Nume of the Limited Liability Compa (A Florida Limited L	ny 25 it now appears on our records.) Jubility Company)					
The Articles of Organization for this Limited Liability Company Florida document number	se service of	and assigned				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	ility company here:					
	-:·					
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the ab	breviation "L.L.C."				
Enter new principal offices address, if applicable:	2645 South Bridge Road					
(Principal office address MUST BE A STREET ADDRESS)	Hobe Sound, FL 33455					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2545 South Bridge Road Hobe Sound, FL 33455					
B. If amending the registered agent and/or registered o	ffice address on our records, enter	the name of the ne				
registered agent and/or the new registered office address her						
Name of New Registered Agent:		> -				
New Registered Office Address:	Enter Florida street address	<u> </u>				
	. Florida	້ <u>ກີ</u>				
· · · · · · · · · · · · · · · · · · ·	City	Zip Code				

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 heing 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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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person ocing added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Donald E. (De) Mudd	2645 South Bridge Road	
		Hobe Sound, FL 33455	
			☐ Change
AMBR	Robert B. Whitley	11601 Kew Gardens Avenue	Add
		Suite 101	Remove
		Palm Beach Gerdens, PL 33410	☐ Change
	****		DAdd
			☐ Remove
			□ Change
			□ Add
			☐ Remove
			Change

			Remove
			Change
			Add Add
		_ 	□ Change

/19/2017 04:2 0 pm	JONES FOSTER	1		#745	Page	04/04	1700033248
D. If amending any o	other information, enter	change(s) here:	(Attach additional	sheets, if n	ucessary.)	[7000332.0
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E. Effective date, if	other than the date of fi	iling:	P.C.P.	90 dove	optional)	`> \ Pursiinn	10 605.0207 (3)(b)
(If an effective date is	other than the date of fi listed, the date must be specific nserted in this block does no ve date on the Department	sand cannot be prier int incer the applic			, this date	will not	be listed as the
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If the record speci (b) The 90th day	fies a delayed effective after the record is file	re gate, but no ed.	ocan enfective tim	i c, at 12.	VT 611111	J., (116	
Dated December	19	2017	<u></u> .				
·	73/10 Cimerica	of a member or auth	norized representative of	a member			
Larry 1	B. Alexander, Authorized F		ted name of signee				_

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Filing Fee: \$25.00 ---