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ROBERT B. HENDLER COUNSELOR AT LAW

ROBERT B. HENDLER MEMBER NJ & NY BAR MASTER OF LAW IN TAXATION 180 Tices Lane Suite 104, Building B East Brunswick, NJ 08816

(732) 846-3100 FAX (732) 846-4521

December 6, 2016

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE:

The Players Club At Cypress Knolls, LLC Amendment to Articles of Incorporation

Dear Sir/Madam:

Enclosed please find a cover letter and Articles of Amendment to Articles of Organization for the entity "The Players Club At Cypress Knolls, LLC", specifically to change the name of the entity to "The Players Club @ Cypress Knoll, LLC" (changing the word "At" to "@" and removing the "s" from the word Knolls).

Kindly file same, returning a conformed copy of this Articles of Amendment in the self-addressed, stamped envelope enclosed herein.

Lastly, enclosed please find this firm's draft in the amount of \$25.00, representing the filing fee for this request.

Thank you for your kind attention to this matter.

ROBERT B. HENDLER

Very truly your

RBH:kaa Enclosure

cc: Douglas T. Brown, Registered Agent & Sole Member

COVER LETTER

| Div | ision of Corp | orations | | | |
|----------------|-----------------|--|---|--------------------|--|
| SUBJECT: | The Players (| Club At Cypress Knolls, LLC | | | |
| SUBJECT | | Name of Limit | ed Liability Company | | 4- 118-0- 4-1 |
| | | | | | |
| The enclosed | d Articles of A | mendment and fee(s) are subm | nitted for filing. | | |
| Please return | all correspond | dence concerning this matter t | o the following: | | |
| | | Robert B. Hendler, Esq. | | | |
| | | | Name of Person | | |
| | | | | | |
| | | | Firm/Company | | |
| | | 180 Tices Lane | | | |
| | | | Address | · | |
| | | East Brunswick, New Jerse | y 08816 | | |
| | | | City/State and Zip Code | | |
| | | kallen@hendlerlawoffice.com | m o be used for future annual re | nort notification) | |
| For further is | nformation co | ncerning this matter, please ca | | , | |
| Robert B. H | endler, Esq. | | 732 846-3 at () | 3100 | |
| | Name of | Person | Area Code | Daytime Telephon | e Number |
| | | | | | |
| Enclosed is | a check for the | following amount: | | | |
| \$25.00 F | Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | | 660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

Registration Section

TO:

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**

| The Players Club At Cypress Knolls, I | |
|--|---|
| (Name of the Limited | Liability Company as it now appears on our records.) Florida Limited Liability Company) |
| The Articles of Organization for this Limited Liab | oility Company were filed on November 28, 2016 and assigned |
| Florida document number L16000216089 | · |
| This amendment is submitted to amend the follow | ring: |
| A. If amending name, enter the new name of the | he limited liability company here: |
| The Players Club @ Cypress Knoll, LLC | |
| The new name must be distinguishable and contain the word | ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicab | le: |
| (Principal office address MUST BE A STREET) | ADDRESS) |
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| | |
| Enter new mailing address, if applicable: | |
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| B. If amending the registered agent and/or | registered office address on our records, enter the name of the |
| -; | registered office address on our records, enter the name of the |
| B. If amending the registered agent and/or | registered office address on our records, enter the name of the |
| B. If amending the registered agent and/or | registered office address on our records, enter the name of the ce address here: |
| B. If amending the registered agent and/or registered agent and/or the new registered office: Name of New Registered Agent: | registered office address on our records, enter the name of the ce address here: |
| B. If amending the registered agent and/or registered agent and/or the new registered office | registered office address on our records, enter the name of the ce address here: |
| B. If amending the registered agent and/or registered agent and/or the new registered office: Name of New Registered Agent: | registered office address on our records, enter the name of the ce address here: |

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> Name **Address** Type of Action _□ Add □ Remove _ Change _ 🗖 Add ☐ Remove _□ Change Remove _□ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove

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| Effective date, if other than the | e date of filing: st be specific and ca lock does not med | annot be prior to et the applicabl | date of filing or more | than 90 days after filing equirements, this da | (I) = (27) ng.) Pursuant to 605.020 |
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Filing Fee: \$25.00