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2017 NOV 27 PH 4: 36
SECRETARY OF STATE

K SALY NOV 28 2017

COVER LETTER

	gistration Se vision of Cor				
eup recr.		F CLUB II LLC			
SUBJECT:		Name of	Limited Liability Company		_
The enclosed	d Articles of	Amendment and fee(s) are	submitted for filing.		
Please return	i all correspo	ndence concerning this ma	ter to the following:		
		Roy Lovgren			
			Name of Person		_
		10664 Whooping Crap	Firm/Company Way		
			Address		
		Palm City, FL 34990			
			City/State and Zip Code		
		E-mail addris	his to Ne foxclul	of 1. Com.	_
For further in	nformation co	oncerning this matter, pleas	e call:		
Roy Lovgre	n		at (ファネ)	597-4222	
	Name of	f Person	Area Code	597-4222 Daytime Telephone Num	ber
Enclosed is a	a check for th	e following amount:			
□ \$25.00 F	iling Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encle	Certif osed) Certif	Filing Fee, icate of Status & ied Copy onal copy is enclosed)
	Registra Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	Registratic Division o Clifton Bu 2661 Exec	f Corporations	:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2017 NOV 27 PA 4: 36
FALLAHASSEE, FLORID;

FOX GOLF CLUB II LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

in the second		י, סואטי
The Articles of Organization for this Limited Liab	oility Company were filed on $\frac{3/3}{2}$	1/17 and assigned
Florida document number L17000071650		
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company her	re:
u.		
The new name must be distinguishable and contain the work	ds "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
₩.		
B. If amending the registered agent and/or registered agent and/or the new registered offic Name of New Registered Agent:		our records, enter the name of the nev
Name of New Registered Agent.		
Italie of few registered right.	10664 Whooping Crane Way	
Mante of the Windsheller Agent.	Enter Floric	la street address
New Registered Office Address:	Enter Floric	la street address Florida ³⁴⁹⁹⁰
New Registered Office Address:	Enter Floric	la street address Florida 34990 Zip Code
New Registered Office Address:	Enter Florid Palm City City	la street address Florida 34990 Zip Code

Page 1 of 3

If amendii or remove	ng Authorized Person(s) authoriz d from our records:	ed to manage, <u>enter the title, name, an</u>	d address of each person being added
MGR =			
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
CEO	Roy Lovgren	10664 Whooping Crane Way	
		Palm City, FL 34990	□ Remove
			Change
			Add
			□ Remove
			Change
			Add Reserve The Add The Add
			Property 36
			Remove
			Change
			□ Remove
		<u> </u>	Change
			□ Remove
			□ Change

If amonding any other informs dis-	
i amending any other information, en	ter change(s) here: (Attach additional sheets, if necessary.) 2017 100 27 FALL AHASSEE, FLOR
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	ALLAHASCA OF S.
	SEE FLOR
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ffective date, if other than the date of	
an effective date is listed, the date must be specif	filing:
ocument's effective date on the Departmen	to distate's records.
e record specifies a delayed effecti	ive.cate, but not an effective time, at 12:01 a.m. on the earlier of:
The 90th day after the record is fi	iled.
Pated November	2017
Ald la	
Signature	o National Control of a member
Robert Hussey	
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00