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SU	BJECI		Name of Limi	ted Liability Company			
Th	e enclosed .	Articles of A	mendment and fee(s) are subt	nitted for filing.			
Ple	ase return a	all correspond	lence concerning this matter t	to the following:			
	Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: John Anderson Bunce Name of Person Florida Club Realty Finn/Company 90.14 SW Old Royal Drive Address Stuart, FL 34997 City/State and Zip Code andy.bunce@evusa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: John Anderson Bunce Name of Person Name of Person Daytime Telephone Number Enclosed is a check for the following amount:						
			Name of Person				
		Plorida Club Realty, LLC. Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: John Anderson Bunce Name of Person Florida Club Realty Firm/Company 9014 SW Old Royal Drive Address Stuart, FL 34997 City/State and Zip Code andy.bunce@evusa.com E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: Anderson Bunce Name of Person T72 919-5613 at (Area Code) Daytime Telephone Number ed is a check for the following amount: 5.00 Filing Fee Certificate of Status Certified Copy (Status & Certified Copy (Status & Certified Copy (Status & Certified Copy) (Status & Certified Copy) (Status & Certified Copy)					
				Firm/Company			
			9014 SW Old Royal Drive	e			
				Address			
		Florida Club Realty, LLC. Name of Limited Liability Company losed Articles of Amendment and feets) are submitted for filing. eturn all correspondence concerning this matter to the following: John Anderson Bunce Name of Person Florida Club Realty Firm/Company 9014 SW Old Royal Drive Address Stuart, FL 34997 City/State and Zip Code andy.bunce@evusa.com E-mail address: (to be used for future annual report notification) ner information concerning this matter, please call: Inderson Bunce Name of Person Area Code Daytime Telephone Number dis a check for the following amount: 00 Filing Fee Certified Copy Certified C					
			andy.bunce@evusa.com	City/State and Zip Code			
Florida Club Realty, LLC. Name of Limited Liability Company The enclosed Articles of Amendment and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: John Anderson Bunce Name of Person Florida Club Realty Firm/Company 9014 SW Old Royal Drive Address Stuart, FL 34997 City/State and Zip Code andy.bunce@evusa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: John Anderson Bunce Name of Person T72 919-5613 att Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (certified Copy)	1)						
Fo	r further inf	ormation con	cerning this matter, please ca	н:			
Jo	hn Anders	on Bunce					
		Name of P	Person	at () Area Code	Daytime Telep	phone Number	
En	closed is a	check for the	following amount:				
	\$25.00 Fil	ing 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**

Florida Club Realty, LLC.		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) .:ability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 07/07/2017	and assigned
Florida document number L170001464435		
In a mending 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 "LLC". The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". The new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) The new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) The new mailing address MAY BE A POST OFFICE BOX The new mailing address on our records, enter the name of the new egistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address		
	The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
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Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		22 % 2 2
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		nter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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 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 Address Type of Action Title Name John B Gonzalez 600 SE Ocean Blvd., Stuart, MGR FL 34994 **■** Add □ Remove ☐ Change 🗀 Add ☐ Remove _____ Change _□ Add ☐ Remove __ 🗆 Add _____ □ Remove _□ Change _□ Change ☐ Add _____ Remove

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09/24/2018		
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to d	(optional)	0207 C
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.		
document's effective date on the Department of State 3 records.		
the record specifies a delayed effective date, but not a	nn effective time, at 12:01 a.m. on the earlie	er of:
) The 90th day after the record is filed.		
Dated 24 2018		
Signature of a member or authorize	ed representative of a member	
Typed or printed n	BUNCE	

Page 3 of 3

Filing Fee: \$25.00