4/30/24, 6:28 PM Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GREG NORMAN GOLF COURSE DESIGN COMPANY, LLC

Certificate of Status	0
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He PEMIEUX MAY 0 2 2024 3

ARTICLES OF AMENDMENT * TO *** ARTICLES OF ORGANIZATION OF

₹ :	GREG NORMAN GOLF COURS	E DESIGN COMPANY, LLC		
	(Name of the Limit	ed Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)	
	of Organization for this Limited L Iment number L18000001066	iability Company were filed on _	01/02/2018	and assigned
This amend	ment is submitted to amend the foll-	owing:		
A. If amen	ding name, enter the new name o	the limited liability company l	here:	
The new name	must be distinguishable and contain the v	vords "Limited Liability Company," the	designation "LLC" or the abbrevia	ation "L.L.C."
Enter new j	principal offices address, if applic	able:		
(Principal o	ffice address MUST BE A STREE	T ADDRESS)		
				7024
Enter new	mailing address, if applicable:		· .	
(Mailing ad	dress MAY BE A POST OFFICE	BOX)		
				<u></u>
				2
	ding the registered agent and/or r ir the new registered office addre	•	records, enter the name of	the new registered
agent and/o	r the new registered office addre	ss nere:		<u>.</u>
<u>Na</u>	me of New Registered Agent:	Corporate Creations Network In	ıc.	
Ne	w Registered Office Address:	801 US Highway I		
115	Translate Village Hadrand,	Enter Fl	orida street address	
		North Palm Beach	, Florida 33408	
		City		ip 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.

/s/ Joseph Panholzer Joseph Panholzer, Special Secretary

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>	<u>Name</u>	Address	Type of Action
CEO	NORMAN, GREG		□Add
		<u></u>	■ Remove
			Change
<u> </u>	DILLAVOU, CHRIS		□Add
			■ Remove
			□ Change
CFO Filon.	Filon, Michael	<u> </u>	□Add
			■ Remove
			☐ Change
MGR	Greg J Norman	19940 Mona Road, Suite 3	■Add
		Jupiter, FL 33469	Remove
			□ Change
			□Add
		,	□Remove
			□Add
			□ Remove
			□Change

Effective date, if other than the date of filing: ((If an 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 date of filing or more than 90 days after filing). Pursuant to 605.0207 Note: (If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m., on the earlier of: (b) The 90th day after the ord is filed. Dated April 30	ir amending any oin	er information, enter change(s) here: (Attach additional sheets, if necessary.)
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·		Signature of a member or authorized representative of a member
	Joseph Pan	·