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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GREENBERG TRAURIG (ORLANDO)

Account Number : 103731001374 Phone : (407)418-2435

Fax Number

: (407)420-5909

Enter the email address for this business entity to be used for future -- annual report mailings. Enter only one email address please.

Émail	Address:	Ali.Sachoo@gtlaw.com
,		

125 LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CHAMPIONS VILLAGE KISSIMMEE HOLDINGS, LLC

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K. SALY

NOV-2-6-2024

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

FILED 2024 NOV 26 PM 3: 53

Champions Village Kissimmee Ho	oldings, LLC		MELAHASSEE TOTAL
(Name of the Lim	ted Liability Comp (A Florida Limited	any as it now appears on o Liability Company)	ur records.)
The Articles of Organization for this Limited I	Liability Company	y were filed on <u>8/24/20:</u>	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	bility company here:	
n/a			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	n/a	
(Principal office address MUST BE A STREA			
Enter new mailing address, if applicable:		n/a	
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addre	-	address on our record	is, enter the name of the new registered
Name of New Registered Agent:	Capitol Corpo	rate Services, Inc.	
New Registered Office Address:	515 East Park Dr., 2nd Floor		
		Enter Florida sti	eet address
	Tallahassee		, Florida _32301
		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.

City

Kim Tadlock, Asst. Secretary on behalf of Capitol Corporate Services, Inc.

If Changing Registered Agent, Signature of New Registered Agent

From: Heather Irv

Page. 3 of 4 2024-11-26 12:56:08 EST 14076508411 From: Heather ((FLZ40003915293)))

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
ARep	Carlos Balzola	8660 W. Irlo Brinson Memorial Highway	□Add
		Kissimmee, FL 34747	■Remove
			□Change
ARep	Edward Carlson	8660 W. Irlo Brinson Memorial Highway	
		Kissimmee, FL 34747	■Remove
			□ Change
ARep	Ross A. Brennan	Sterling Commons West	■Add
		1 Marina Dr., PO Box N-1812	□Remove
		Paradise Island, Bahamas	⊡Change
			□Add
			□ Remove
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			□Remove
			□ Change

From: Heather Irv

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Cective date, if other than the on effective date is listed, the date must the lift the date inserted in this blocument's effective date on the De	be specific and cannot be prior to date of filing or ck does not meet the applicable statutory fili	(optional) more than 90 days after filing.) Pursuant to 605.020 ing requirements, this date will not be listed a
reord specifies a delayed effective is filed.	date, but not an effective time, at 12:01 a.m	, on the earlier of: (b) The 90th day after the
November 26	2024	
	A. Brennan	
		re of a member