

From:

Division of Corporations

11/02/2017 16:53

#700 P.001/004

Page 1 of 2

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6393

From: Account Name : COGENCY GLOBAL, INC.
Account Number : 120000000088
Phone : (800) 221-0102
Fax Number : (800) 944-6607

11/02/2017 16:53

2017 NOV -2 PM 5:09

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SUMMER BAY JOINT VENTURE I, L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

17 NOV -2 AM 8:49

From:

11/02/2017 16:53

#709 P.002/004

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

Summer Bay Joint Venture I, L.C.

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

The Articles of Organization for this Limited Liability Company were filed on September 19, 1988 and assigned Florida document number 198000001896.

This amendment is submitted to amend the following:

A. If amending 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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Cogency Global Inc.

New Registered Office Address:

115 N. Calhoun Street, Suite 4

Enter Florida street address

Tallahassee

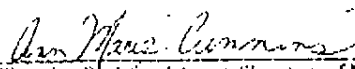
City

Florida 32301

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

From:

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#709 P.003/004

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Club Exploria, LLC	25 Town Center Boulevard	<input type="checkbox"/> Add
		Suite C, Clermont, FL 34714	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Summer Bay Partnership	25 Town Center Boulevard	<input type="checkbox"/> Add
		Suite C, Clermont, FL 34714	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Dated November 1, 2017

Typed or printed name of signer