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APR 2 2 2013

T. HAMPTON

COVER LETTER

TO: Registrat Division	ion Section of Corporations
SUBJEÇT:	Name of Limited Liability Company
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.
Please return all co	rrespondence concerning this matter to the following:
	CARL WAKELY Name of Person
	Name of Person
	WEST FLORIDA GOLF TOUR LCC Firm/Company
	Firm/Company
	750 N TAMIAM: TRAIL UNIT 419 Address
	Address
	SARASOTA FL 34236 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further informa	ation concerning this matter, please call:
Car	AL WAFELY at (941) 735 4428 Name of Person Area Code & Daytime Telephone Number
•	
Enclosed is a check	c for the following amount:
△ \$25.00 Filing F	ee U\$30.00 Filing Fee & U\$55.00 Filing Fee & U\$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

	orida Go	of Tour L		
(Name of the Limited Li (A Fl	ability Company orida Limited Lia	as it now appears o	n our records.)	–
				13 SI
The Articles of Organization for this Limited Liab	ility Company w	ere filed on <u>12</u>	101/2009	and assigned
Florida document number				그 유로도
-				9 I
This amendment is submitted to amend the follow	ina			H-
This amendment is submitted to amend the forlow	ing.			OF STATENS PH 12: 00
A. If amending name, enter the new name of th	ie limited liabili	ty company here:		00 P. N. S.
				Ŏ,
The new name must be distinguishable and end with the "L.L.C."	he words "Limite	d Liability Company,	"the designation "l	LLC" or the abbreviation
		170	0 0	
Enter new principal offices address, if applicab	le:	<u> </u>	9 PASEO	CASTILLE
(Principal office address MUST BE A STREET A	<u>ADDRESS)</u>	SAR/	ATOZI	
		FLOR	10A 342	238
Enter new mailing address, if applicable:		6789	PASER	CASTILLE
				<u> </u>
(Mailing address MAY BE A POST OFFICE BO	<u>/A)</u>		4507A	238
			RIDA 34	200
				
B. If amending the registered agent and/or registered agent and/or the new registered offic		e address on our	records, enter	the name of the nev
	e address nere.			
N 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		()	lalaser. V	(SAME)
Name of New Registered Agent:				() April /
New Registered Office Address:	6789	PASEO CA	STILLE	
			Florida street ada	
	5000	150 T.A	Florida	<i>3</i> 4238
-		City	, Florida	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 608, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = MGRM	Manager = Managing Member				
<u>Title</u> ·	<u>Name</u>		Address		Type of Action
	-			<u></u>	Add
					Remove
					_
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					SECRETARY OF STATE OF CONTROL OF
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lt amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
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i	MARCH 21 , 2013.
	Culez
	Signature of a member or authorized representative of a member
	CARL WAKELY
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00