# L12000033305

(Requestor's	Name)
(Address)	
(Address)	
(City/State/Z	(ip/Phone #)
PICK-UP U	VAIT MAIL
(Business E	ntity Name)
(Document )	Number)
Certified Copies Ce	ertificates of Status
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C. LEWIS

APR 2 2 2013

EXAMINER



April 22, 2013

CARL WAKELY / WAKELY GOLF LLC 750 N TAMIAMI TRAIL UNIT 419 SARASOTA, FL 34236

SUBJECT: WAKELY GOLF LLC Ref. Number: L12000033305

We have received your document for WAKELY GOLF LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

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Letter Number: 213A00009629

### **COVER LETTER**

TO:	Registration Section Division of Corporations	igner.	, se	اهي مين س در بيد ا	
OLID II	<del>~*</del>	Warring 6	olf LLC		
SUBJI	ECI:	Name of Limite	d Liability Company		
The en	closed Articles of Amendmen	nt and fee(s) are subm	nitted for filing.		
Please	return all correspondence cor	ncerning this matter to	o the following:		
		CAR	Name of Person		
			Name of Person		
		Wa	KELY Gosf Firm/Company	LLC	
	<del></del>		Firm/Company		
		750 N	TAMAMI TR	L UNIT	419
			Address		
		SARAS	City/State and Zip Code	34236	
		^	City/State and Zip Code		
		E-mail address: (to	be used for future annual	report notification	<u>,                                      </u>
For fu	rther information concerning			Т	,
	CARL WAKEL	71	at ( 441 )	735 4428 le & Daytime Tele	phone Number
				,,	
Enclos	sed is a check for the following	g amount:			
<b>25</b> \$2.	-	00 Filing Fee & rtificate of Status	□\$55.00 Filing Fee Certified Copy (additional copy		□\$60.00 Filing Fee, Certificate of Status & 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

FILED

18 JUN -4 PM 3: 16 ted Liability Company as it now appears on our records Assessment (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_and assigned Florida document number <u>L17000033305</u> 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) PASEU\_ Enter new mailing address, if applicable: SARASOTA, FIORIDA (Mailing address MAY BE A POST OFFICE BOX) 34238 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: Castille New Registered Office Address: Enter Florida street address , Florida <u>34238</u> 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

MGR = Manager

or Managing Member being added or removed from our records:

MGRM = Managing Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
<del></del>			Add
			Remove
			Add
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<del></del>			Add
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			Kemove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
-	FILED				
-	13 JUN -4 IN 3: 16				
-	TATLANIA SECE, FLORINA				
Dated	MARCH 215t , 2013.				
	Cue				
	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