

L04 000043681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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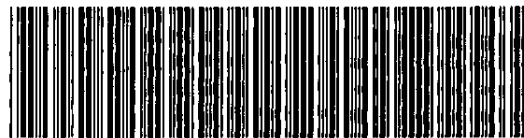
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE
DEC 15 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GUERIN RIFE PUTTERS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES L. BARFIELD

Name of Person

Sanford Golf, LLC

Firm/Company

1250 Central Park Drive

Address

Sanford, Florida 32771

City/State and Zip Code

jimbarfield01@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James L. Barfield

Name of Person

at (407)

399-7889

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$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

GUERIN RIFE PUTTERS, LLC

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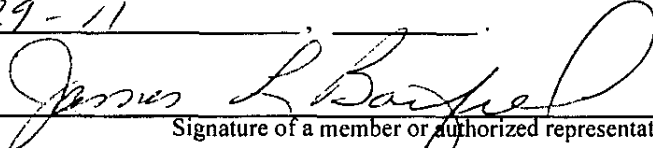
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA
FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 11-29-11


Signature of a member or authorized representative of a member
JAMES L. BARFIELD, AUTHORIZED REPRESENTATIVE OF MEMBER

Typed or printed name of signee