## L04000043681

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- (Cii	ty/State/Zip/Phone	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

T. CLINE
DEC 15 2011
EXAMINER

## **COVER LETTER**

TO: Registration Division of C				
SUBJECT:	GUERIN R	IFE PUTTERS, LLC		
		nited Liability Company		-
	of Amendment and fee(s) are supported this matter	· ·		
		JAMES L. BARFIELD	**************************************	
		Name of Person		
		Sanford Golf, LLC		
		Firm/Company		-
	1	250 Central Park Drive	•	
		Address		<del></del>
	S	Sanford, Florida 32771		1·1
		City/State and Zip Code		
	F. mail addrage:	mbarfield01@aol.com (to be used for future annual repo	art matification	
For further information	concerning this matter, please		it notification)	ZOHI DEC 14 A
lai	mes L. Barfield	407	399-7889	
	of Person	at (_407_) Area Code & l	Daytime Telephone Numb	100 C
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 en	closed) Certific	iling Fee, cate of Status & ed Copy onal copy is enclosed)
MAII	LING ADDRESS:	STREET/Co	OURIER ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GUERIN RIFI	<u>E PUTTERS, LI</u>	_C		
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appea ed Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Comp	any were filed on	J⊡ne 9, 2004	and a	ssigned
Florida document numberL0400043681				
This amendment is submitted to amend the following:				
his amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  SANFORD GOLF, LLC  The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LEC" or the abbreviation LLC."  Inter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Auiling address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new gistered agent and/or the new registered office address here:  Name of New Registered Agent:				
The new name must be distinguishable and end with the words "I.L.C."	Limited Liability Compa	any," the designation	্যালেনি মূল্যাল	<b>=</b>
Enter new principal offices address, if applicable:				5
(Principal office address MUST BE A STREET ADDRESS	2		[-34 mm]	
		<u> </u>		,
Enter new mailing address, if applicable:	_		STATE LORIGI	
(Mailing address MAY BE A POST OFFICE BOX)				
		our records, <u>enter</u>	the name	of the new
Name of New Registered Agent:				
New Registered Office Address:				
	En	ter Florida street ad	ldress	
		, Florida		
	City		Zip Cod	le

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 or Managing Member being added or removed from our records:

<u>itle</u>	<u>Name</u>	Address Type of Acti
<del></del>		Add Remove
		Add
		Add Remove
		Add
<del></del>		
		Remove en Remove
		Remove
If amend	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)
 ted//_	-29-11 Oan PB	
 ed _ <i>//</i> _	Signature of a mem	ber or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00