

207000067164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

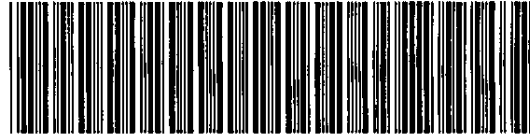
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200256606532

02/14/14--01012--007 **55.00

14 FEB 28 14 9:33
TALLAHASSEE, FLORIDA

J. Stivers MAR 08 2014

64



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2014

JOHANNA FRANCO
PO BOX 95
HOWEY IN THE HILLS, FL 34737

SUBJECT: GARY GILCHRIST GOLF ACADEMY, LLC
Ref. Number: L07000067164

We have received your document for GARY GILCHRIST GOLF ACADEMY, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 914A00003495

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GARY GILCHRIST GOLF ACADEMY, 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:

JOHANNA FRANCO

Name of Person

GARY GILCHRIST GOLF ACADEMY, LLC

Firm/Company

PO BOX 95

Address

HOWEY IN THE HILLS, FL 34737

City/State and Zip Code

johannaf@ggga.com

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

For further information concerning this matter, please call:

JOHANNA FRANCO

Name of Person

at (352)

Area Code

484-0787

Daytime Telephone Number

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

TO
ARTICLES OF ORGANIZATION
OF

GARY GILCHRIST GOLF ACADEMY, LLC

(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 _____ and assigned
Florida document number L07000067164

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: 26945 BELLA VISTA DR. STE. 1
(Principal office address MUST BE A STREET ADDRESS) HOWEY IN THE HILLS, FL 34737

Enter new mailing address, if applicable: PO. BOX 95
(Mailing address MAY BE A POST OFFICE BOX) HOWEY IN THE HILLS, FL 34737

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: GARY M. GILCHRIST
New Registered Office Address: 26945 BELLA VISTA DR STE. 138
Enter Florida street address
HoweY IN THE HILLS, Florida 34737
City 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.

G Gilchrist

If Changing Registered Agent, Signature of New Registered Agent

Authorized Member 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 | GILCHRIST, LEEANNE | 10400 CR 48 | <input type="checkbox"/> Add |
| | | HOWEY IN THE HILLS, FL 34737 | <input checked="" type="checkbox"/> Remove |
| AP | THEESFELD, PHIL | 26945 BELLA VISTA DR | <input checked="" type="checkbox"/> Add |
| | | HOWEY IN THE HILLS, FL 34737 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

16 FEB 2004
11 06 33
ILLINOIS STATE
LIBRARY
CHICAGO
RECEIVED

2. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 11th, 2014

G Gilchrist

Signature of a member or authorized representative of a member

G Gilchrist

Typed or printed name of signee

FILED
TALLAHASSEE, FLORIDA
14 FEB 20 12 59:33