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EXAMINER

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2000 MAR 24 A 11: 23
SECRETARY OF STATE
TALLAHASSEE, FI ORIG

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	Contributing Go (Name of Lim	olfer, LLC lited Liability Company)	
	mendment and fee(s) are sub	-	
	Ch	(Name of Person)	
		buting Golfer, LLC (Firm/Company) Durnaine Ct. (Address)	2000 MAF SECRET TALLAHA
		cter, FL . 33761 (City/State and Zip Code)	FILED 2000 MAR 24 A II: 23 SECRETARY OF STATE LLAHASSEE, FLORIDA
For further information con	cerning this matter, please c	all:	23 IDA
Christophe (Name of)	er Smith Person)	at (<u>727)</u> <u>953 - 940</u> (Area Code & Daytime	Telephone Number)
Enclosed is a check for the \$25.00 Filing Fee	following amount: \$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)
MAILIN	G ADDRESS:	STDEET/COUDIED	ADDRESS.

MAILING 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

(Name of the Limited Lia (A Flo	oting Golfer, LLC. ability Company as it now appears of orida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liabil		ch 3,2008 and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and end with the "L.L.C." B. If amending the registered agent and/or	registered office address on ou	
registered agent and/or the new registered office Name of New Registered Agent:	e address nere:	2000 N SECRI
New Registered Office Address:	(Ente	r Florida street address)
-	(City)	Florida (Zip Code)
New Registered Agent's Signature, if changing Regi	istered Agent:	•
I hereby accept the appointment as registered a the provisions of all statutes relative to the prop accept the obligations of my position as register	per and complete performance of	my duties, and I am familiar with and

Page 1 of 2

(If Changing Registered Agent, Signature of New Registered Agent)

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

MGR = Manager MGRM = Managing Member **Type of Action Address Title** <u>Name</u> Christopher Smith MGRM Remove Add Remove Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated ____ 19 March Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

Agran Uisocnik
Typed or printed name of signee