



**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: VIP GOLF FUNCTIONS, LLC

DOCUMENT NUMBER: L08000028108

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

WIL TORRES

Name of Contact Person

LTD QUINTESSENTIALLY, LLC

Firm/ Company

8369 RIVERDALE LANE

Address

CHAMPIONS GATE, FL 33896

City/ State and Zip Code

WILELTDQMG.COM

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

For further information concerning this matter, please call:

Wil Torres

Name of Contact Person

at ( 321 )

239-7580  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

\$43.75 Filing Fee &  
Certificate of Status

\$43.75 Filing Fee &  
Certified Copy  
(Additional copy is enclosed)

\$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy is enclosed)

**Mailing Address**

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

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
266i Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 19, 2009

WIL TORRES  
LTD QUINTESSENTIALLY, LLC  
8369 RIVERDALE LANE  
CHAMPIONS GATE, FL 33896

SUBJECT: VIP GOLF FUNCTIONS, LLC  
Ref. Number: L08000028108

We have received your document for VIP GOLF FUNCTIONS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 909A00020938

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: LTD Quintessentially, 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:

Wil Torres  
Name of Person

LTD Quintessentially  
Firm/Company

8369 Riverdale Lane  
Address

Champions Gate, FL 33896  
City/State and Zip Code

WileLTDQM6.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wil Torres at ( 321 ) 239 7580  
Name of Person Area Code & 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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2009 JUL -8 AM 11:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Vip Golf Functions

(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 2007 and assigned Florida document number LO8000029108.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

LTD Quintessentially, LLC

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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_

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 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:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Todd Utter	502 Clubhouse Ave New Port Beach, CA 92663	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_, \_\_\_\_\_

*WTT*  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
*Wil Torres*  
\_\_\_\_\_  
Typed or printed name of signee

FILED  
2009 JUL -8 AM 11:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA