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(Do	cument Number)		
Certified Copies	_ Certificates	of Status	
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, COVER LETTER

TO: Registration Section Division of Corpo	ion Prations			
SHRIPCT.	RED DIRT F	ROPERTIES, LLC		
SUBJECT:		ted Liability Company		
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.		
Please return all correspond	lence concerning this matter	to the following:		
	TH	OMAS B. REYNOLDS		-
		Name of Person		
	. THO	MAS B. REYNOLDS, P	PC	
		Firm/Company		
	2970 PEAC	HTREE ROAD NW SU	JITE 265	
		Address		-
	ATLA	ANTA, GEORGIA 3030)5	
		City/State and Zip Code		•
	jremco@gemlandco.com E-mail address: (to be used for future annual report notification)			
			i nonneation)	
For further information con	cerning this matter, please c	all:		
TERESA	MCCREIGHT	at (404) Arca Code & D	961-0001	
Name of P	erson	Arca Code & D	aytime Telephone Numbe	er -
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 enc	losed) Certifie	ate of Status &

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
10 FEB 15
10 FEB 15 AM II: 54 SECRETARY OF STATE FALLAHASSEE, FLORIDA
ALLAHASSEE ELATE
LURIDA

RED DIRT PROP	ERTIES, LL	.C	LORIDA
(Name of the Limited Liability Company (A Florida Limited Liability Company)	as it now appear bility Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company v	vere filed on	1/14/2010	and assigned
Florida document number L1000006610			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company her	<u>e</u> :	
FIVE COURS	ES, LLC		
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Compa	ny," the designation "I	LC" or the abbreviation
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 here:		our records, <u>enter (</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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>	Name	Address	Type of Action
MGR	ENDICOTT P. DAVISON	218 PLEASANT COVE ROAD BOOTHBAY, ME 04537	Add Remove
			Add Remove
			Add Remove
			AddRemove
·			Add Remove
			Add Remove
D. If amen	ding any other information, enter	r change(s) here: (Attach additional sheets, if necessa	
_			FILED 10 FEB 15 AMII: SECINETIARY OF STA
_			TAILE FLORIDA
Dated	JANUARY 28	2010	
		(1)10)	
	Signature of a	member or authorized representative of a member	<u> </u>
		THOMAS B. REYNOLDS Typed or printed name of signee	
		i videa of dimitea name of signee	

Page 2 of 2

Filing Fee: \$25.00