## L10000013741

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Document Number)				
Certified Copies		of Status		
Special Instructions to Filing Officer:				
·				

Office Use Only



300231603173

04/30/12--01050--020 \*\*25.00

FILED 12 APR 30 PM 3: 07 Secretary of State

C. LEWIS

MAY -1 2012

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Clubs For Par 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:
Peter M Simone
Peter M Simone Name of Person  Clubs For Par LLC Firm/Company
20140 Estero Gardens Cir unit 204
Estero, FLorida 33928 City/State and Zip Code
Clubs For par 1 @ yah acom  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Peter Simone at (239) 243-8601  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\ \text{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 12 APP 20 04

	72 AI N 30 PM 3: 07
Clubs For F	SECRETARY OF STATE TALL AHASSEE, FLORIDA
(Name of the Limited Liability (A Florida	ty Company as it now appears on our records. FLORIDA Limited Liability Company)
	Company were filed on 2   4   10 and assigned L 100000 1374
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	16257 South Tamiami Trail Suit
(Principal office address MUST BE A STREET ADD	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	16257 South Tamiami trail Suite A Fort Myers, Florida 33908
B. If amending the registered agent and/or registered agent and/or the new registered office add  Name of New Registered Agent:	stered office address on our records, <u>enter the name of the new</u> lress here:
New Registered Office Address:	Enter Florida street address
	<b>71.</b> 13
<del></del>	, Florida City Zip Code
New Registered Agent's Signature, if changing Registere	

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 Oddress, I hereby confirm that the limited liability company has been notified in writing of this change.

I/Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM =	Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action Unit 204
<u>MGRM</u>	Amanda Melvin	20140 Estero Gardens Estero, Flonda 3392	
<u>MGRM</u>	Michael Skutt	733 David Laird LN Lehigh, FL 33974	Add Remove
			Add Remove
			Add Remove
<del></del>	<del></del>		Add Remove
			Add Remove
D. If amen	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if necess	ary.)
<del></del>			SEC 72.
			FILED 2 APR 30 PM 3: 07 ECRETARY OF STATE ALLAHASSEE, FLORID
Dated	Police	13 Rd.	M 3: 07 F STATE FLORIDA
	Pete	er or authorized representative of a member  Simone ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00