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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

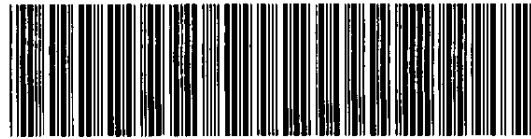
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

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JUL 20 2010

EXAMINER

EXAMINER

**CLAYTON-JOHNSTON, P.A.**

Attorneys at Law  
18 NW 33<sup>rd</sup> Court  
Gainesville, Florida 32607

James S. Quincey\*\*  
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(Retired)  
Internet address:  
[mgadd@Clayton-Johnston.com](mailto:mgadd@Clayton-Johnston.com)

July 13, 2010

**Via Certified Mail**

**Return Receipt No.: 7008 2810 0001 0349 9354**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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10 JUL 19 PM 4:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Articles of Amendment to Articles of Organization of TA Golf, LLC  
Our File No.: A2010172

Dear Sir/Madam:

In reference to the above please find enclosed herein as follows:

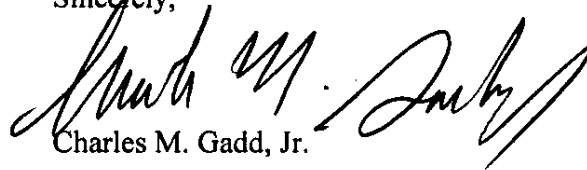
1. A check in the amount of \$25.00, as and for the full and complete payment of the filing fee.
2. Division of Corporations Cover Letter.
3. The Articles of Amendment to Articles of Organization of TA Golf, LLC, to be filed with the Division of Corporations.
4. A postage paid self-addressed envelope.

Once the Articles of Amendment to Articles of Organization of TA Golf, LLC have been filed I would greatly appreciate it if you could return a copy of the Articles of Amendment to Articles of Organization of TA Golf, LLC, together with the filing receipt in the enclosed envelope.

July 13, 2010  
Page 2

If you have any questions concerning the above please give me a call, our office will accept collect calls.

Sincerely,

A handwritten signature in black ink, appearing to read "Charles M. Gadd, Jr.", written in a cursive style.

Charles M. Gadd, Jr.

CMGjr./lsm  
Encl.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TA GOLF, 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:

**CHARLES M. GADD, JR.**  
Name of Person

**CLAYTON-JOHNSTON, PA**  
Firm/Company

**18 NW 33RD COURT**  
Address

**GAINESVILLE, FLORIDA 32607**  
City/State and Zip Code

**MGADD@CLAYTON-JOHNSTON.COM**  
E-mail address: (to be used for future annual report notification)

**FILED**  
**10 JUL 19 PM 4:18**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

For further information concerning this matter, please call:

**CHARLES M. GADD** at ( **352** ) **376-4694**  
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

**TA GOLF,LLC**

Page 1 of 2

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	STEWART T. ALEXANDER	9612 SW 33RD LANE GAINESVILLE, FLORIDA 32608	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	STEWART M. ALEXANDER	9612 SW 33RD LANE GAINESVILLE, FLORIDA 32608	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	JOAN ALEXANDER	9612 SW 33RD LANE GAINESVILLE, FLORIDA 32608	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	L. MICHAEL GRACIK, JR.	P.O. BOX 32066 RICHMOND, VIRGINIA 23294	<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

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

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated \_\_\_\_\_

Stewart M Alexander  
Signature of a member or authorized representative of a member

STEWART M. ALEXANDER  
Typed or printed name of signee