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J. BRYAN J. BRYAN JUL 2 0 2010 EXAMINER

EXAMINER

## CLAYTON-JOHNSTON, P.A.

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

James S. Quincey\*\*
Leonard E. Ireland, Jr.\*
Charles M. Gadd, Jr.
Thomas L. Robinson
Erin M. Massey
Thomas G. Christmann
(Of Counsel)
\*Board Certified Civil Trial Lawyer
\*\*Certified Circuit Civil Mediator

Telephone: (352) 376-4694 Facsimile: (352) 372-8243 TOLL FREE [800] 454-3476 TOLL FREE (866) 433-4694 TOLL FREE (866) 411-4694 Erwin A. Clayton
(1897 - 1986)
E. Covington Johnston
(1916-2002)
Charles G. Felder
James E. Clayton
(Retired)
Internet address:
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

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,

Charles M. Gadd. Jr.

CMGjr./lsm Encl.

FILED

10 JUL 19 PH 4: 18

SECRETARY OF STATE
SECRETARY OF STATE

## **COVER LETTER**

TO:	Registration S Division of Co				
SUBJECT: TA			GOLF, LLC		
50.501		·	ited Liability Company		
The en	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please	return all corresp	ondence concerning this matte	r to the following:		
	•				TALL SEC
		CI	HARLES M. GADD, JF	₹	_ AR = 1
			Name of Person		TAR TAR
		CLA	AYTON-JOHNSTON, I	PA	PH 4: 18  RY OF STATE SEEF FLORIG
			Firm/Company	- · · · · · · · · · · · · · · · · · · ·	FIST F.
	18 NW 33RD COURT				FILED  10 JUL 19 PH 4: 18  SECRETARY OF STATE FALLAHASSEE, FLORIO
	<u></u>				
		CAIN	ESVILLE, FLORIDA 3	0007	
	<del></del>				
		MGADD@	CLAYTON-JOHNST	ON.COM	
		E-mail address:	(to be used for future annual repo	ort notification)	
For fur	ther information	concerning this matter, please	call:		
	СНА	RLES M. GADD	at ( 352 )	376-4694	
Name of Person		Area Code &	Daytime Telephone N	lumber	
				••	
Enclos	ed is a check for	the following amount:			
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is et	Ce nclosed) Ce	00 Filing Fee, entificate of Status & entified Copy dditional copy is enclosed)
	Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327	Registration Division of Clifton Buil	Corporations	CSS:

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

T/	A GOLF,LLC				
(Name of the Limited Liability (A Florida	y Company as it now appear	s on our records.)			
(A Florida :	Limited Liability Company)				
The Articles of Organization for this Limited Liability C	Company were filed on	JUNE 22, 2010 Frand signed 1			
Florida document numberL10000066431	·	芸って			
This amendment is submitted to amend the following:		PA 4: 18  RY OF STATE SEE: FLORIT			
A. If amending name, enter the new name of the lim	ited hability company nei	e:			
		2			
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Compa	ny," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADD)	RESS)				
	***************************************				
Enter new mailing address if amiliable					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or regis	stered office address on a	our records, enter the name of the new			
registered agent and/or the new registered office add		tecords, the name of the new			
	•				
Name of New Registered Agent:					
N. D. '. 108					
New Registered Office Address:	<i>E</i> <sub>1</sub> ,	ter Florida street 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

MGRM STEWART M. ALEXANDER 9612 SW 33RD LANE GAINESVILLE, ELORIDA 32608	<u>Title</u>	Name	Address	Type of Action				
MGRM JOAN ALEXANDER  9612 SW 33RD LANE  GAINESVILLE, FLORIDA 32608  MGRM  L. MICHAEL GRACIK, JR.  P.O. BOX 32066  Remove  Add Remove  Add Remove  Add Remove  D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  Signature of a member or authorized representative of a member  STEWART M. ALEXANDER	MGRM	STEWART T. ALEXANDER	9612 SW 33RD LANE GAINESVILLE, FLORIDA 32608					
MGRM L. MICHAEL GRACIK, JR. P.O. BOX 32066 AICHMOND, VIRGINIA 23294 Remove    Add   Remove   Remove	MGRM_	STEWART M. ALEXANDE	9612 SW 33RD LANE GAINESVILLE, FLORIDA 32608					
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  Dated  Dated  Signature of a member or authorized representative of a member  STEWART M. ALEXANDER	MGRM	JOAN ALEXANDER						
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  Dated  Signature of a member of a member  STEWART M. ALEXANDER	MGRM	L. MICHAEL GRACIK, JR.						
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  Dated  Signature of a member or authorized representative of a member  STEWART M. ALEXANDER								
Dated  Signature of a member or authorized representative of a member  STEWART M. ALEXANDER								
Dated	D. If amendin	g any other information, enter change(	s) here: (Attach additional sheets, if necessary.)					
Signature of a member or authorized representative of a member  STEWART M. ALEXANDER			TALLAHASS	to Jul 1				
STEWART M. ALEXANDER	Dated	· · · · · · · · · · · · · · · · · · ·	EE. FLORIDA	PH 4: 18				
		Signature of a member or authorized representative of a member						

Page 2 of 2

Filing Fee: \$25.00