Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H100002606103)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Fhone : (323)962-8600 Fax Number : (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | | | |
|-------|----------|--|--|--|
| | | | | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GOLF ETC. GAINESVILLE, LLC

 Certificate of Status
 0

 Certified Copy
 1

 Page Count
 04

 Estimated Charge
 \$55.00

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SECRETARY OF STATE

TALL AHASSEE. FLORIOR

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Corporate Filing Menu LEOD Help

DEC - 7 2010

EXAMINER

| 1-323-962-8300 | From: | Dragana | Ognenovsk |
|----------------|-------|---------|-----------|

COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|---|--|--|
| SUBJECT: GOLF E | TC. GAINESVILLE, LLC | | |
| | | ted Liability Company) | |
| | | | |
| The enclosed Articles of | Amendment and fec(s) are sub- | mitted for filing. | |
| Please return all correspo | endence concerning this matter | to the following: | |
| , | Dragana Ognenovska | | |
| | , | (Name of Person) | |
| | Legalzoom.com, Inc. | rest 1/2 | |
| | | (Firm/Company) | |
| | 100 W. Broadway Su | ite 100 | |
| | | (Address) | |
| | Glendale, CA 91210 | | |
| | | (City/State and Zip Code) | |
| For further information c | oncerning this matter, please ca | ali: | |
| Dragana Ognenovska (Name of Person) | | at (323) 962-8600 (Area Code & Daytime | Telephone Number |
| (name (| or reison) | (Area Code & Daytime | relephone Number) |
| Enclosed is a check for the | ne following amount: | | |
| \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | S55.00 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

1-323-962-8300 From: Dragana Ognenovska

THED.

10 DEC -6 PM 1:27

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Mille of the Editice Carp. | lity Company as if now appears on ou | r records.) |
|--|---|---|
| (A Florid | lity Company as it new appears on ou da Limited Liability Company) | |
| The Articles of Organization for this Limited Liability | y Company were filed on 10/27/20 | 10 and assigned |
| Florida document number <u>L10000111900</u> | • | |
| This amendment is submitted to amend the following | : | |
| A. If amending name, enter the new name of the l | imited liability company here: | |
| Gainesville Golf, LLC | | |
| The new name must be distinguishable and end with the "L.L.C." | words "Limited Liability Company," the | e designation "LLC" or the abbreviation |
| registered agent and/or the new registered office a | ddresa here: | |
| Name of New Registered Agent: | | • |
| Name of New Registered Agent: New Registered Office Address: | (France 17) | naido permet caldinario |
| | (Enter Flo | orida street address) |
| | , , , , , , , , , , , , , , , , , , , | Florida |
| | (Enter Flo | |
| | (City) | Florida |

(If Changing Registered Agent, Signature of New Registered Agent)

MGR = Manager

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:

| MGRM = Managing Member | | | | | |
|---------------------------|--|---|----------------|--|--|
| Title | Name | Address | Type of Action | | |
| | | | Add Remove | | |
| | | | Add Remove | | |
| | | | Add Remove | | |
| | · . | | Add Remove | | |
| | | | Add Remove | | |
| ay shifting paymonicalism | ····· | | Add Remove | | |
| D. If amen | nding any other information, enter chang | se(s) here: (Attach additional sheets, if necessary.) | | | |
| | | | | | |
| _ | | | - - | | |
| Dated | Signature of a member | r or authorized representative of a member | | | |
| | William I. Saunders member | or printed name of signee | _ | | |

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Filing Fee: \$25.00