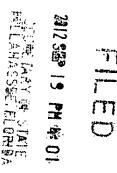
## 4/1000009995

Office Use Only



400239612264

09/19/12--01008--002 \*\*30.00



## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Spike Golf LLC	
Name of Limited Liability	Company
The enclosed Articles of Amendment and fee(s) are submitted for fil	ling.
Please return all correspondence concerning this matter to the follow	ving:
Darren De Carl Name o	lo - owner
Souke Golf LL	Company # 50
909 Vassar Dri	ve His a
Add	dress
Eustis, FL 327	26 <b>3 I</b> ∏
E-mail address: (to be used for	future annual report notification)
For further information concerning this matter, please call:	
Darcen De Carlo at (	Ho7, 928-4411  Area Code & Daytime Telephone Number
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Certif	Filing Fee & S60.00 Filing Fee, fied Copy tional 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· SPIKE GOLF	LLC			
(Name of the Limited Liability C (A Florida Lin		our records.)		
The Articles of Organization for this Limited Liability Con Florida document number   0000919	npany were filed on	21/2011	and assig	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company here:			
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company,"	the designation "LLC	" or the at	breviation
Enter new principal offices address, if applicable:		Æ	<u> </u>	
(Principal office address MUST BE A STREET ADDRE	<u> </u>	30-	172	
		7 × 5	. 10	
		期	. va	
Enter new mailing address, if applicable:			3	<u>m</u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	<u>*</u>	
	***	The Con-		
B. If amending the registered agent and/or register registered agent and/or the new registered office addresses		records, <u>enter the</u>	name of	the new
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter F	lorida street addres	s	
	. Florida			
<del></del>	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 = M	lanaging Member		•
<u>Title</u>	<u>Name</u>	Address	Type of Action
MBRW	Donna L. Cornwell	GOO Vassar Drive Eustis FL 32726	AddRemove
			Add Remove
			Add Remove
	<del></del>		Add Themove
			Add Remove
			Add  Remove
D. If amend	ling any other information, enter cha	nge(s) here: (Attach additional sheets, if neo	cessary.)
Dated	9/17/2012,	oer or authorized representative of a member	
	Darre	$\sim$ $\sim$	

Page 2 of 2

Filing Fee: \$25.00