

L11000037760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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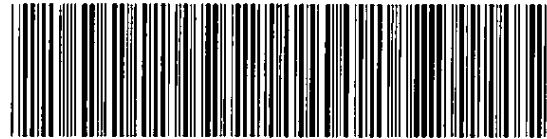
(Business Entity Name)

(Document Number)

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2023 OCT 23 PM 12:54
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Putting Greens of NE FL 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:

Christine Eulufeld
Name of Person
Putting Greens of NE FL LLC
Firm/Company
3519 Enterprise Way.
Address
Green Cove Sp FL 32043
City/State and Zip Code
Christine@swgofjax.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christine Eulufeld at (904) 838 1722
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PUTTING GREENS OF NORTHEAST FLORIDA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 3/29/2011 and assigned
Florida document number 45-1254682 L11000037140

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3519 Enterprise Way
Green Cove Sp FL
32043

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3519 Enterprise Way
Green Cove Springs
FL 32043

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Christine Eulenfeld
3519 Enterprise Way
Green Cove Sp . Florida 32043
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 605, 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.

Christine Eulenfeld
If Changing Registered Agent, Signature of New Registered Agent

Delete Christine as an officer
R.A. only.


Scenario	Initial State	Final State	Operation
1	Add
2	Remove
3	Change
4	Add
5	Remove
6	Change
7	Add
8	Remove
9	Change
10	Add
11	Remove
12	Change

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 10/19/23.


Signature of a member or authorized representative of a member

Lindy Eulenfeld
Typed or printed name of signee

Filing Fee: \$25.00