| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| - (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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EXAMINER



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07/30/12--01013--018 **25.00

COVER LETTER

| Division of Cor | porations ' | | | | |
|----------------------------|--|--|--|--|--|
| SUBJECT: | ORENDE | R GROUP, LLC | | | |
| 30b3EC1. | ··· | ed Liability Company | | | |
| | | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all correspo | ndence concerning this matter | to the following: | | | |
| | | • | | | |
| | S | COTT WINCH, ESQ. | _ | | |
| | | Name of Person | | | |
| | GOLF ASSET ADVISORS, LLC | | | | |
| | Firm/Company | | | | |
| | 10401 DEER' | WOOD PARK BLVD., ST | E. 2130 | | |
| | | Address | | | |
| | JAC | KSONVILLE, FL 32256 | | | |
| | City/State and Zip Code | | | | |
| | swinch@golfassetadvisors.com | | | | |
| | E-mail address: (t | o be used for future annual report not | ification) | | |
| For further information of | concerning this matter, please c | all: | | | |
| | | at (904) | 564-9129 | | |
| Name o | of Person | Area Code & Dayti | me Telephone Number | | |
| Enclosed is a check for t | he following amount: | | | | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclos | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |

Registration Section

TO:

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

| | ORENDER GROUP LLC | | | |
|---|--|-------------------------|----------------------|---------------------------|
| (<u>Name of the Limite</u> (. | d Liability Company as it now appear A Florida Limited Liability Company) | s on our records. | | |
| The Articles of Organization for this Limited I Florida document numberL1100006 | • • • | 5/23/2011 | and ass | igned |
| This amendment is submitted to amend the fol | lowing: | | | |
| A. If amending name, enter the new name | of the limited liability company her | <u>e</u> : | | |
| GC | OLF ASSET ADVISORS, LLC | | | |
| The new name must be distinguishable and end w "L.L.C." | ith the words "Limited Liability Compa | ny," the designation "l | LC" or the a | ibbreviation |
| Enter new principal offices address, if appli | cable: | | | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | | <u> </u> | |
| | | | <u> </u> | |
| | | | A THE SECOND | |
| Enter new mailing address, if applicable: | | | | Martin Lag. - Martings |
| (Mailing address MAY BE A POST OFFICE | E BOX) | | π <u>√</u> _ | <u>ֆագետն</u> |
| | | | S = | 3 |
| B. If amending the registered agent and | /or registered office address on c | ē | The name of | of the nev |
| registered agent and/or the new registered of | | , | | |
| Name of New Registered Agent: | Scott Winch, Esq. | | · | |
| New Registered Office Address: | | | | |
| | En | ter Florida street ada | lress | |
| | | , Florida | | |
| | City | | Zip Code | g |
| | | | | |

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.

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 = Ma MGRM = N | nager Ianaging Member | | |
|----------------------|--|---|-------------------|
| <u>Title</u> | Name | Address | Type of Action |
| | | | Add _ Remove |
| | | | ☐ Add ☐ Remove |
| | | | Add Remove |
| D. If amen | ding any other information, enter chan | ge(s) here: (Attach additional sheets, if necessary.) | |
| _ | | | _ _ |
| | | | |
| Dated | 1 | • | |
| | | er or authorized representative of a member ender d or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00