

L11000068493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

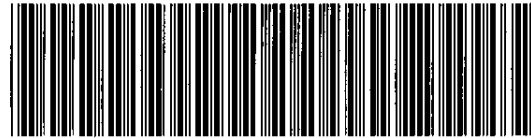
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

AUG 18 2011

EXAMINER



400210833384

08/12/11--01022--025 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 12 AM 11:22

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GOLF AND WATER REAL ESTATE, 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:

CARL FLICKINGER SR
Name of Person

GOLF AND WATER REAL ESTATE, LLC
Firm/Company

17041 ALICO COMMERCE CT, UNIT 1
Address

FT MYERS, FL 33967
City/State and Zip Code

CARL@CAPEINTHESAND.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARL FLICKINGER SR at (239) 322-0309
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 12 AM 11:22

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

GOLF AND WATER REAL ESTATE, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 12 AM 11:42

The Articles of Organization for this Limited Liability Company were filed on JUNE 13TH, 2011 and assigned Florida document number L11000068493.

This amendment is submitted to amend the following:

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

SAME / NO CHANGE

The new name must be distinguishable and end with 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)

17041 Alico Commerce CT, Unit 1
Ft MYERS, FL 33967

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

17041 Alico Commerce CT, Unit 1
Ft MYERS, FL 33967

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:

SAME / NO CHANGE

New Registered Office 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

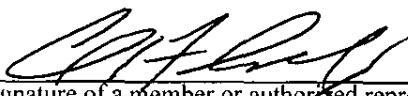
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	NICOLE FLICKINGER	173 LAS PALMAS BLVD N. Ft MYERS, FL 33903	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

^{NON MANAGING}
MEMBERS OF THE COMPANY: NICOLE FLICKINGER
173 LAS PALMAS BLVD, N. Ft MYERS FL 33903

STACY GIZZI } 4020 S. DEL PRADO BLVD, SUITE B-2
ROBERT GIZZI } CAPE CORAL, FL 33904

Dated 8/8/2011


Signature of a member or authorized representative of a member

CARL E. FLICKINGER SR
Typed or printed name of signee