## L110000075030

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DIVISION OF CURPOSALULE

UUL 3 0 2012 T. HAMPTON

## **COVER LETTER**

Division of Corp	porations						
SUBJECT:	Sky Golf F	Productions, LLC					
	Name of Limi	ted Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspon	ndence concerning this matter	to the following:					
•		J					
		0 0					
		Guy Rubin, Esq.					
	Name of Person						
	Rubin & Rubin						
	Firm/Company						
		<b>50.5</b> 005					
	PO Box 395						
		Address					
		Stuart, FL 34995					
	City/State and Zip Code						
	grubin@rubinandrubin.com						
	E-mail address: (1	to be used for future annual report notific	cation)				
For further information co	oncerning this matter, please c	all:					
Jo	se Buezas	at ( 904 )	701-4970				
Name of Person		Area Code & Daytime					
Enclosed is a check for th	e following amount:						
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				

MAILING ADDRESS:

TO:

**Registration Section** 

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 ORGANIZATIONS OF

12 JUL 27 PM 2: 56

	12 00c m 1							
S	ky Golf Prod	luctions, LLC						
( <u>Name of the Limite</u> (	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)							
	1-1-11: O		June 28, 2011					
The Articles of Organization for this Limited I		were filed on	Julie 20, 2011	and assigned				
Florida document numberL1100007	5030							
This amendment is submitted to amend the fol	lowing:							
A. If amending name, enter the new name	of the limited liab	oility company here:						
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Company	," the designation "L	LC" or the abbreviatio				
Enter new principal offices address, if applicable:		5569-4 Bowden Rd.						
(Principal office address MUST BE A STRE	ET ADDRESS)	Jacksonville, FL 32216						
Enter new mailing address, if applicable:		5569-4 Bowden Rd.						
(Mailing address MAY BE A POST OFFICE BOX)		Jacksonville, FL 32216						
		<del></del>						
B. If amending the registered agent and registered agent and/or the new registered of	~		r records, <u>enter t</u>	he name of the ne				
Name of New Registered Agent:	Guy Rubin, Esq.							
New Registered Office Address:	1649 Atlantic Blvd.							
	Enter Florida street address							
	<u>J</u>	acksonville	, Florida	32207				
	City			Zip Code				
New Registered Agent's Signature, if changing	Registered Agent	<b>L</b>						
I hereby accept the appointment as register the provisions of all statutes relative to the	ed agent and ag proper and comp	ree to act in this cap plete performance of	acity. I further agr my duties, and I d	ree to comply with im familiar with and				

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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 the limited liability

company has been notified in writing of this change.

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> Name<sub></sub> Address **Type of Action MGRM** Jose Buezas 5569-4 Bowden Rd. ✓ Add Jacksonville, FL 32216 Remove Ben McClung MGR 13115 Via Roma Ct ☐ Add Jacksonville, FL 32224 ∏ Remove MGR Ramon Bescansa 3694 Casitas Dr. ☐ Add Jacksonville Ft 32224 √ Remove Remove □Add Remove ∐Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Jose Buezas

Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00