

Division of Corporations

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**411000075259**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : VIERA WILLIAMS, P.A.  
Account Number : I20090000023  
Phone : (850) 222-0013  
Fax Number : (850) 222-9047

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: \_\_\_\_\_

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
C DUB HUNT CLUB, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

**D. BRUCE**  
JAN 04 2017



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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CDUB HUNT CLUB, 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:

Timothy P. Sparks

\_\_\_\_\_  
Name of Person

Viera Williams, P.A.

\_\_\_\_\_  
Firm/Company

701 East Tennessee Street

\_\_\_\_\_  
Address

Tallahassee, Florida 32308

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Timothy Sparks

850 222-0013  
at ( )  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR - Manager

AMBR - Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Change |
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|              |             |                | <input type="checkbox"/> Change |

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

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THE

E. Effective date, if other than the date of filing: 12/20/2016 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 December 20, 2016

Signature of a member or authorized representative of a member

Derek Whitis

Typed or printed name of signee

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