Division of Corporations Department of

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone

: (305)634-3694

Fax Number

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GOLF PRODUCTS INVESTMENTS, LLC

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EMPIRE CORP KIT

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8/3/2011

COVER LETTER

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TO;	Registration Division of C					
SUBJ	nect:	GOLF PROD	DUCTS INVESTME	NTS LI	LC	
		Nume o	of Limited Liability Company			
The e	nciosed Articles	of Amendment and fee(s)	are submitted for filing.			
Please	e returo all corres	pondence concerning this	matter to the following:			
			ANGELA PERE	Z		
			Name of Person		-	
			THE MEDILAW FIL	RM		
		- 	Firm/Company			
		2100	PONCE DE LEON BLY	/D STE	1000	
	<u> </u>		Address			_ ^
•		CC	DRAL GABLES, FLORI	DA 331	34	
		,	City/State and Zip Code	;		
		70	angle@themedilawfirm dress: (in be used for future amus	n.com		
Por fu	uther information	e-mail so concerning this matter, p	-	s sechen 1900	unication)	
	Aı	ngela M. Perez	et (_305)_		444-3484	
		of Person		de & Dayti	me Telephone Number	
Enclo:	sed is a check for	the following amount:				
□ 5 2	5.00 Piling Fee	S30.00 Filing Fee of State of State		æ		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassoc, PL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

H11000195754

Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOLF PRODUCTS INVESTMENTS LLC

FILED 11 AUG -4 AM 8: 10 SECRETARY OF STATE

TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 7/25/11 and assigned L11000085572 Florida document number 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 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 agains MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the pame of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

Page 1 of 2

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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 rensoved from our records:

MGR = Manager MGRM = Managing Member

Title	Name	Address	Type of Action						
MGRM	JOEY D. ENTERPRISES L	1157 KEY LARGO STREET JUDITER FI 33458	Aid Aid Remove						
<u>MGRM</u>	D1 ATHLETIC, INC	2885 JUPITER PARK DRIVE SUITE JUPITER FI 33458	Add Remove						
			Add						
			Add Remove						
			Add Remove						
			Add Remove						
D. If amounting any other information, enter change(s) here: (Attach additional sheets, if necessary.)									
Dated		nuthorized representative of a member of 40 factories	FILED 11 AUG -4 AM 8: 10 SECRETARY OF STATE TALLAHASSEE, FLORIDA						
Typed or printed name of signee									
		Page 2 of 2 HIIOC	P2529100						

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Filling Fee: \$25.00