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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	TYLER WILLIAMS Name of Lim	5 GOLF, LLC. ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	PATRIC	IA A SIMMS	
	Tyler Willian	AS GOLF LLC.	<del></del>
	1201 N Trap	Address	
	Merritt Islan	d, FL 32953 City/State and Zip Code	
		IS @ 9mail . Com to be used for future annual report noted	
For further information co	oncerning this matter, please ca	all:	
Patricia S	Person	at ( <u>A07</u> ) <u>353</u> . Area Code Daytime	-2408 e Telephone Number
Enclosed is a check for the	e 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.)
(A Florida Limited Liability Comp	any)
e Articles of Organization for this Limited Liability Company were filed or	n <u>05   14   2012</u> and assigned
orida document number L1200004865	• •
is amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability compa	ny here:
Sandy Feet Tours, LLC	
ne new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	<u></u>
inter new mailing address, if applicable:	20-) 20-
Mailing address MAY BE A POST OFFICE BOX)	, , , , , , , , , , , , , , , , , , ,
If amending the registered agent and/or registered office address on o	our records, enter the name of the new regi
gent and/or the new registered office address here:	
Name of New Registered Agent:	
N. B. San J.O. a. Addison	
New Registered Office Address:  Ente	r Florida street address
	Florida

New Registered Agent's Signature, it 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 605, 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 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 = A	Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			□Add	
			□Remove	
			□Change	
			□Add	
			Петюче	
			☐ Change	
			□Remove	
			□Change	
			□Add	
			□Remove	
			☐ Change	
			□Add	
			□Remove	
			□Change	

\_\_\_\_\_\_ □Change

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Mactiv	e date, if other than the date of filing:
an effec lote: If	tive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that's effective date on the Department of State's records.
record is file	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 f.
ated _	SEPTEMBER 2 2024.
	Signature of a member or abundanced representative of a member