

L12000103256

(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:

*Ames*

Office Use Only



900248338589

900248338589  
06/19/13--01020--013 \*\*60.00

2013 JUN 19 AM 8:10  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

FILED

J. SAULSBERRY  
EXAMINER  
JUN 20 2013

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** THE GERALD A. WILLIAMS ESQ. LEGACY FOUNDATION CHARITY OPEN, 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:

**MS. CAROLYN L. WILLIAMS**

Name of Person

Firm/Company

**9445 BRISTOL RIDGE COURT**

Address

**WEST PALM BEACH, FL 33411**

City/State and Zip Code

**CLWPBCFL@MSN.COM**

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

For further information concerning this matter, please call:

**CAROLYN L. WILLIAMS**

Name of Person

at **561 267-9935**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                             |                                                                        |                                                                                                  |                                                                                                                            |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

RECEIVED  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
JUN 19 2013

2013 JUN 19 AM 8:10

FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**THE GERALD A. WILLIAMS ESQ. LEGACY FOUNDATION CHARITY OPEN, LLC**

(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 AUGUST 9, 2012 and assigned  
Florida document number L12000103256.

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 address MUST BE A STREET ADDRESS)

|                     |       |
|---------------------|-------|
| 2013 JUN 19 AM 8:10 | FILED |
| CLERK OF STATE      |       |
| TALLAHASSEE FLORIDA |       |

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

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

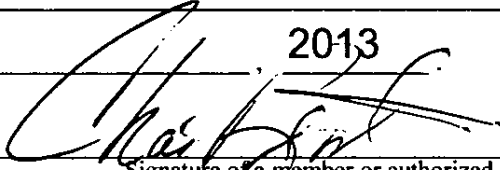
| <u>Title</u> | <u>Name</u>                                     | <u>Address</u>           | <u>Type of Action</u>                      |
|--------------|-------------------------------------------------|--------------------------|--------------------------------------------|
| MGRM         | THE GERALD A WILLIAMS ESQ LEGACY FOUNDATION INC | 9445 BRISTOL RIDGE COURT | <input checked="" type="checkbox"/> Add    |
|              |                                                 | WEST PALM BEACH, FL      | <input type="checkbox"/> Remove            |
|              |                                                 | 33411                    |                                            |
| MGRM         | JUNIOR GOLF AND ACADEMICS OF AMERICA, INC       | 4521 PGA BLVD-293        | <input type="checkbox"/> Add               |
|              |                                                 | PALM BEACH GARDENS, FL   | <input checked="" type="checkbox"/> Remove |
|              |                                                 | 33418                    |                                            |
|              |                                                 |                          | <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            |

2013 JUN 19 7:44:10  
 DEPT. OF STATE  
 TALLAHASSEE, FLORIDA

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated **JUNE 17**, **2013**



Signature of a member or authorized representative of a member

**CHARLES E. REYNOLDS**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

2013 JUN 19 AM 8:10  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED