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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: 'Regis

Registration Section
Division of Corporations

SHRJECT:

LUCERNE GOLFERS, 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:

AL AINE

Name of Person

LUCERNE GOLFERS, LLC

Firm/Company

2240 PALM BEACH LAKES BLVD #400 J

Address

WEST PALM BEACH, FL 33409

City/State and Zip Code

alaine46@yahoo.com

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

For further information concerning this matter, please call:

AL AINE

ູ 561 2**54-63**45

Name of Person

Area Code & Daytime Telephone Number

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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.

City

Zip Code

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>	Address	Type of Action
MGR	AL AINE	2240 PALM BEACH LAKES BLVD	Add
		# 400J	Remove
		WEST PALM BEACH, FL 33409)
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_		CRETARY OF STATE LAHASSEE, FLORED	Remove S
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). If amending any other	information, enter change(s) here: (Attach additional sheets, if necessary.)
• '	
<u></u>	
Dated MARCH 27	2013
	L'em len
	Signature of a member or authorized representative of a member
HANNU I	KURSU
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00