

L12000125675

(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:

APR - 9 2013

A. LUNT

Office Use Only



200246380312

04/04/13--01020--010 \*\*25.00

FILED  
2013 APR - 4 PM 5:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **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**

Name of Person

**561 254-6345**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 APR -4 PM 5:36

FILED

LUCERNE GOLFERS, LLC

Page 1 of 3

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>
MGR	AL AINE	2240 PALM BEACH LAKES BLVD	<input checked="" type="checkbox"/> Add
		# 400J	<input type="checkbox"/> Remove
		WEST PALM BEACH, FL 33409	
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2013 APR 11 PM 5:36  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 FILED

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

---

---

---

---

---

Dated MARCH 27, 2013



Signature of a member or authorized representative of a member

HANNU KURSU

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 APR -4 PM 5:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED