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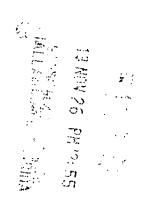
(F	Requestor's Name)	
(<i>F</i>	Address)	
(<i>F</i>	Address)	
(0	City/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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([Document Number)
Certified Copies	Certificate	s of Status
Special Instructions t	o Filing Officer:	
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COVER LETTER

YO:	Registration Section
	Division of Corporations

SUBJECT: BIOMach Golf, ILC

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:

Jason Hamilton Mikes

Name of Person

Hamilton Mikes, P.A.

Firm/Company

711 5th Ave. South #212

Address

Naples, FL 34102

City/State and Zip Code

Jason@Hamiltonmikes.com

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

For further information concerning this matter, please call:

Jason Hamilton Mikes

239 594-7227

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 Tallahassec. FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BroMeen Golf,	LC				
(<u>Name of the Limited</u> (/	<u>Liability Compa</u> Florida Limited L	ny as it now appears on our Liability Company)	records.)		
		10 1			
The Articles of Organization for this Limited L		were filed on		and assig	gned
Florida document number LILOOO 127	188				
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	f the limited liab	oility company here:			
The new name must be distinguishable and end wi	th the words "Lim	ited Liability Company," the	designation "LLC	or the al	 obreviation
"L.L.C."					
Enter new principal offices address, if applie	able:	711 5th Ave. South	1		
(Principal office address MUST BE A STREE	ET ADDRESS)	Suite 212	<u> </u>	٠	
		Naples, FL 34102	e y		1.5
			::		t
Enter new mailing address, if applicable:		711 5th Ave. South	•	h oi	••
(Mailing address MAY BE A POST OFFICE	BOX)	Suite 212	4	. <u>.</u>	
		Naples, FL 34102	. 7.:	<u>.5</u>	· ~
				ان ان	
B. If amending the registered agent and			ords, enter the	name of	f the new
registered agent and/or the new registered of	ffice address her	<u>re</u> :			
	Llamilton N	Aikaa D.A			
Name of New Registered Agent:	Hamilton M	/likes, P.A.			
New Registered Office Address:	711 5th Av	e. South #212			
		Enter Flori	ida street address	•	
	Naples	. <u> </u>	, Florida <u>3410</u>	2	
		City		Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:	<u>.</u>			

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

2	<u>Name</u>	Address	Type of Action
			Add
-			
			Remove
			Add
			Remove
			Add
			Remove
			(au)
			Add
			Remove
			55
			Add
			Remove
			Add
			Remove

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
d	NOVEMBER 22 2013
	1.11
	Signature member or authorized representative of a member
	Jason Hamilton Mikes
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00