(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
!		

Office Use Only



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__N U 7 2020

, Kinsey

COVER LETTER

TO:

	istration Sec ision of Corp				
cup iece.	Heartland G	olf Sales and Repair LLC			
SUBJECT:		Name of Limited Liability Company			
The enclosed	f Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		Tom Hunt			
			Name of Person		
		Heartland Golf Sales and F	Repair, LLC		
			Firm/Company		
		1067 Lake Sebring Dr			
		Address			
		Sebring, FL 33870			
			City/State and Zip Code		
		tourvan1@outlook.com			
			to be used for future annual report no	arication)	
For further i	nformation co	oncerning this matter, please ca	all:		
Tom Hunt			863 446-6961		
	Name of	f Person	Area Code Daytii	ne Telephone Number	
Enclosed is	a check for th	e following amount:			
\$25.00	Filing Fee	S30.00 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)	
	uling Addres		Street Address: Registration S	ection	
Registration Section Division of Corporations		Division of Corporations			
	O. Box 632		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L (A F	iability Compa Torida Limited I	ny as it now appears on Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Company were filed on 11/02/Florida document number L12000139640			12	_ and assigned	
his amendment is submitted to amend the following	ng:				
. If amending name, enter the new name of the	e limited liab	ility company here:			
No Change				<u> </u>	
he new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the design	nation "LLC" or the abbro		
Inter new principal offices address, if applicable	e:	no change		2019	
Principal office address MUST BE A STREET ADDRESS)				2015 NOV	
	_		<u>.</u>	2	
nter new mailing address, if applicable:		no change	7 	7 AH 9:	
Mailing address MAY BE A POST OFFICE BO	<u>X)</u>			<u>.</u>	
. If amending the registered agent and/or registered affice address h		address on our reco	rds, <u>enter the name</u>	of the new regis	
Name of New Registered Agent:	<u> </u>				
New Registered Office Address:	1067 Lake Seb	_ 			
		Enter Florida		•	
<u>.</u>	Sebring		, Florida <u>³³⁸⁷</u>	0	
_		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 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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgr/Amt	Val Patarini III	1067 Lake Sebring Dr. Sebring, FL 33870	🗆 Add
			≣Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			[]Remove
			□ Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

Page 2 of 3

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
(If an e <u>Note</u>	tive date, if other than the date of filing: (optional) ffective 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 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
(b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	Man S V2
	Signature of a member or authorized representative of a member
	Thomas Hunt Typed or printed name of signee
	Typed or printed name of signee