113000035251

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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12/04/14--01016--012 **25.00





COVER LETTER

SUBJECT:	For	e Golf-a-holics, LLC	
30bJEC1,	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
•		Jason Takacs	
		Name of Person	
	For	re Golf-a-holics, LLC	
	-	Firm/Company	
		P.O. Box 770386	
		Address	
	Win	ter Garden, FL 34777	
	Constitution of the consti	City/State and Zip Code	
		acs@foregolfaholics.com	
		to be used for future annual report notification	n)
For further information co	oncerning this matter, please co	all:	
Jason	Takacs	321 236-0240	mix to provide the second
Name of	Person		phone Number
Enclosed is a check for th	e following amount:		9
™ \$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:

TO:

Registration Section Division of Corporations

> 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

Fore Go	olf-a-holics, LLC		
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appea Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Co Florida document numberL13000025251	ompany were filed on _	02/18/2013	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company h	<u>iere</u> :	
The new name must be distinguishable and end with the words "Lim	ited Liability Company," the	e designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	528 Teaga	rden Ct.	and the same
(Principal office address MUST BE A STREET ADDRE	ESS) Winter Gar	den, FL 34787	700
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address		n our records, <u>ent</u>	ter the name of the new
Name of New Registered Agent: Marie	ls Daniella Acevedo	0	
New Registered Office Address: 825 G	Grand Regency Pt. U	Unit#200 orida street address	
Altam	onte Springs		3071 <i>t</i>
Allam	City	, Florida	32714 Zip Code
New Registered Agent's Signature, if changing Registered			

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, thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			
			
			Remove
			Add
			Remove - 4
			2000 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
			Remove C - 4 PH 1: 39
			Remove
			
			Add
			Remove
			□ Add
			□ Remove

		.	
			
			-
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		f filing:	(optional) e more than 90 days after
	document is filed by the Florida De	partment of State)	(optional) e more than 90 days after
e date this	document is filed by the Florida De	partment of State)	(optional) e more than 90 days after
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date this	document is filed by the Florida De	partment of State)	(optional) e more than 90 days after
e date this	document is filed by the Florida De December 2	partment of State)	
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Page 3 of 3

Filing Fee: \$25.00

