## L17000103005

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SECRETARY OF STATE TALLAHAS SEELFLORIS

JUL 2 8 2016

S. YOUNG

## **COVER LETTER**

**Registration Section** 

TO:

Division of Corporations
SUBJECT: Mystic Dunes Golf Club, 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:
Eugene J. Garrote  Name of Person  Mystic Dines Golf Club, LLC  Firm/Company
14900 E Orange Lake Blud #397 Bandaress  Kissimmee F1 34747
City/State and Zip Code
garrote Dintegrity golf co. com  B-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marisa Izzo at (407) 378-4653 × 4504  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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

Mystic Do		y as It now appears		
The Articles of Organization for this Limited Liabs Florida document number <u>L\3000\030</u>	ility Company 05	were filed on O	1 25/2013	and assigned
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	<u>e limited liabil</u>	lity company her	<u>e</u> :	is sec.
The new name must be distinguishable and contain the words  Enter new principal offices address, if applicable	e:	y Company," the des	ignation "LLC" or the ab	breviation "L.E.C."
(Principal office address MUST BE A STREET A  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX	<u>-</u>	Mystic D 14900 E 1 Kissimme	Sunes Golf C Orange Lake 1 Le, F1 3474	106, LZ C #397
B. If amending the registered agent and/or registered agent and/or the new registered office	_	ce address on o	our records, <u>enter (</u>	the name of the new
Name of New Registered Agent:  New Registered Office Address:	14900	E Orange	Lake Blud	#397
	٠	mee City	street address, Florida	34747 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
<u>mgrm</u>	Integrity bolt Company LLC	Change address to:	Add
		14900 E Orange Lake Blud # 397	□ Remove
		Kissimmee, Fl 34747	Change
marm	Malentin, Tano O.	Change address to:	Add S
J		14900 E Orange Lake Blud #397	Add O. Remove
		Kissimmer, Fl 34747	A Change O
mgcm	Davis II, William Jack	16301 Phil Ritson Way	□ Add
J		Winterbarden, Fl 34787	Remove
			Change
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n effective	date is listed, t	he date must b	e specific a	nd cannot be	e prior to d	ate of filing	or more th	an 90 days	after filing.	Pursuant to 605.
cument's	effective date	on the Depa	c does not artment of	State's red	ippiicable cords.	statutory	ming req	uirements	, this date	will not be liste
		delayed e			it not ar	n effectiv	/e time,	at 12:0	)1 a.m. (	on the earlie
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Filing Fee: \$25.00