# 414000001172

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

Office Use Only



800262382148

07/17/14--01021--013 \*\*55.00



#### COVER LETTER

TO:

Registration Section
Division of Corporations

# COUNTRY CLUB RENOVATORS, LLC

SUBJECT:

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:

# ISABELLE AGER

Name of Person

ISABELLE A. AGER, P.A.

Firm/Company

2300 NW CORPORATE BLVD STE 222

Address

BOCA RATON, FL 33431

City/State and Zip Code

IAGER@BENESLAW.COM

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

For further information concerning this matter, please call:

ISABELLE AGER

561, 999-1993

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 Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### COUNTRY CLUB RENOVATORS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab	ility Company were filed on JANUARY 15, 20	14 and a	ssigned
Florida document number L1400008172		una a	isigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability company here:		
The new name must be distinguishable and end with the wor	rds "Limited Liability Company," the designation "LLC" or the	ne abbreviation '	L.L.C."
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET	ADDRESS)		
			<del> </del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BC	<u> </u>	<u> </u>	
	-		
R If amending the registered agent and/or	registered office address on our records, ente		of the mass
registered agent and/or the new registered offic	e address here:	r the name	of the new
Name of New Registered Agent:		بر. <u>د د د د د د د د د د د د د د د د د د د </u>	
New Registered Office Address:			. 1
	Enter Florida street address	7.	
	. Florida	Zip Code	1114
•	City	Zip Code	, •
New Registered Agent's Signature, if changing Reg	istered Agent:	· 5 5	
provisions of all statutes relative to the proper accept the obligations of my position as register	igent and agree to act in this capacity. I further a and complete performance of my duties, and I an red agent as provided for in Chapter 605, F.S. O sistered office address, I hereby confirm that the ange.	n familiar wi r. if this doc	ith and ument is
	If Changing Registered Agent, Signature of New	Registered Age	nt

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	ISABELLE AGER	2300 NW CORPORATE BLVD, STE 22	
		BOCA RATON, FL 3343	1 □ Remove
			<del></del>
			□ Add
			Remove
			<del></del>
			□ Add
			□ Remove
			<del></del>
		Add	
			_□ Remove
			_ O Add
		. •	
			C Remove
		***	□ Add
			Remove

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Effective date, if other than the date of filing:
	Dated JULY 16 , 2014
	(800)
	ISABELLE AGER
	Typed or printed name of Signee

Page 3 of 3

Filing Fee: \$25.00