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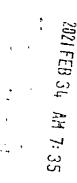
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PICK-UP	WAIT	MAIL
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COVER LETTER

TO;				
CHD IE	FUZION D	DYN-A-LINE, LLC	٠	•
SUBJE	ν1: <u> </u>	Name of Lin	nited Liability Company	
FUZION DYN-A-LINE, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filting. Please return all correspondence concerning this matter to the following: Name of Person				
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Naomi Strano		
			Name of Person	
			Firm/Company	
		1513 Pinehurst Cove		
			Address	
		Niceville, FL 32578	City/State and Zip Code	
For furth	ier information e			notification)
Naomi S	Strano			
	Name o	f Person	Area Code Da	ytime Telephone Number
Enclosed	l is a check for t	he following amount:		
■ \$2 5.	00 Filing Fee		Certified Copy	Certificate of Status &
	_		_	
	Division of C			Corporations
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 121 FEB 34 AM 7: 35

FUZION DYN-A-LINE, LLC	•	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Compan	y were filed on 03/12/2014	and assigned
Florida document number L1400041353		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Strano Golf, LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
	·	.
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	ne name of the new registere
representation the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Flor	ida
	, F101	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 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

74(-11)74	tution incu incumer	2021 FEB 34 AM 7: 35	
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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If amending any other informa	ation, enter change(s) here: (Attac	h additional sheets, if nece	essary.)
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an effective date is listed, the date mu	e date of filing: st be specific and cannot be prior to date of the lock does not meet the applicable status bepartment of State's records.	filing or more than 90 days after	filing.) Pursuant to 605.0207 (
record specifies a delayed effectived is filed.	ve date, but not an effective time, at 12.	:01 a.m. on the earlier of: (b') The 90th day after the
1 February Dated	2021		
naony Stra	M M		
	Signature of a member or authorized repr	esentative of a member	
Naomi Strano			
	Typed or printed name of	f signee	

Filing Fee: \$25.00