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Amend

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SEP -9 2015 N. CAUSSEAUX

COVER LETTER

TO: Registration Se Division of Cor		" · •	•
SUBJECT: The Heather	r Golf And Country Club, LLC		
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ndence concerning this matter	to the following:	
		· ·	
	Peggy Horner		
		Name of Person	
	The Heather Golf And Cou	ntry Club, LLC	
		Firm/Company	
	7406 St. Andrews, Blvd		
		Address	
	Weeki Wachee, FL. 34613	·····	
		City/State and Zip Code	
	heathergolfclub@gmail.com	ı	
	E-mail address: (t	to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
Peggy Horner		at (352) 596-2019	
Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Heather Golf And Country Club, 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 Liability Company were filed on 07/09/2014 and assigned

Florida document number L14000108261

This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	on "LLC" or the abbreviation L.L.C."
Enter new principal offices address, if applicable	3:	FO SE T
(Principal office address MUST BE A STREET A	DDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>	AD 7:10
B. If amending the registered agent and/or registered agent and/or the new registered office		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	et address
_		, Florida
	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

in amenumy Authorized retson(s) authorized to manage, enter the title, hame, and address of each person being added or removed from our records:

MGR = ManagerAMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Peggy Horner	4623 Southern Valley Loop,	= Add
		Brooksville, FL. 34601	☐ Remove
			☐ Change
MGR	Horner, Terry	4623 Southern Valley Loop	□ Add
		Brooksville, FL. 34601	Remove
			Change
			Remove SEP T Change
			Add ,
			□ Change
		Add	
			□ Remove
			□ Change
	 	Add	
			☐ Remove
		☐ Change	

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•	
	T. Z.
•	
	n T
	Eb.
(If an ef <u>Note:</u>	tive date, if other than the date of filing: 8/1/2015 (optional) Tective 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 nent's effective date on the Department of State's records.
f the re b) The	cord 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.
Dated	9/1/2015 Signature of amornioer of authorized representative of a member
	Peggy Horner
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00