L14000144734

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	





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"COVER LETTER"

	ision of Cor			
SUBJECT:	IDLEWILI	CLUB, LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		CHARLES YOUNG		
			Name of Person	
		YOUNG & SONS TAX A	ND ACCOUNTING	
			Firm/Company	 _
		4142 MARINER BLVD. S	STE 221	
			Address	
		SPRING HILL, FL 34609		
			City/State and Zip Code	
		CYOUNGJR@YOUNGAN		
		E-mail address: (to be used for future annual report notific	cation)
For further in	nformation c	oncerning this matter, please ca	all:	
CHARLES	YOUNG		813 610-1760 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	ne following amount:		
■ \$25,00 F	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

FILED

ARTICLES OF ORGANIZATION
OF

2015	JUN	26	PM	2:	48
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IDLEWILD CLUB, LLC		
(Name of the Limited Liabili (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L14000144734	Company were filed on <u>09/16/2014</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		nter the name of the no
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Lines 1 to road Sir CEI Made Cos	
	, Floric	la

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
MGR	SCHRAMM, PAUL	109 W MOHAWK AVE	
		TAMPA, FL 33604	■ Remove
			Change
AMBR	GG4, LLC	4142 MARINER BLVD STE 128	
		SPRING HILL, FL 34609	□ Remove
			Change
			Add
			☐ Remove
			□ Change
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		06/10	2015			
ective date, if	other than the date	of filing: 06/19/	2015	(op	tional) ter filing.) Pursuant to 605.	0303.
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ted	12/15,	7	authorized represent			

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Filing Fee: \$25.00