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Florida Department of State

Electronic Filing Cover Sheet

L14000171494

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Doing so will generate another cover sheet.

To:

From:

Account Name : PROFESSIONAL GLOBAL GROUP, LLC
Account Number : I20160000094
Phone : (813)507-7941
Fax Number : (813)759-2754

**

Email Address: _____

16 NOV -9 AM 9:06
DIVISION OF CORPORATIONS

FILED

FLORIDA LIMITED LIABILITY CO.

Professional Global Golf Group, LLC

Certificate of Status	1
Certified Copy	1
Page Count	06
Estimated Charge	\$160.00

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2016 NOV -9 AM 5:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NOV 10 2016

Electronic Filing Menu Corporate Filing Menu

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROFESSIONAL GOLF GLOBAL GROUP, 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:

Lynn Archibald

Name of Person

PROFESSIONAL GOLF GLOBAL GROUP, LLC

Firm/Company

5607 Glen Harwell Road

Address

Plant City FL 33566

City/State and Zip Code

lynn.archibald@professionalgolfglobal.com

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

For further information concerning this matter, please call:

Lynn ARCHIBALD

813

507 7941

at ()

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

PROFESSIONAL GOLF GLOBAL GROUP, 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 November 4th 2014 and assigned Florida document number LI4000171494

This amendment is submitted to amend the following:

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 "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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street 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

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DIVISION OF CORPORATIONS

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

Title	Name	Address	Type of Action
President	Lynn Archibald	2001 Clubhouse Drive Plant City, F	☒ Add
			☐ Remove
			☐ Change
Secretary	Lynn Archibald	2001 Clubhouse Drive Plant City, F	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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DISPATCH SECTION

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Ownership is as follows:

85% Lynn Archibald

15% Adeigh C. Nehlin

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DIVISION OF CORPORATIONS

FILED

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 025 0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated

11-8-16

Signature of a member or authorized representative of a member

Lynn Archibald

Typed or printed name of signor