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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

	Registration Se Division of Cor					
SUD IE		GOLF, LLC				
SUBJEC		Name of Lim	nited Liability Company	ny		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	endence concerning this matter	to the following:			
		THOMAS J. DOBBINS, I	ESQUIRE			
			Name of Perso	on		-
		TROW, DOBBINS & PIS	IANI, P.A.			018 C
			Firm/Compan	ıy		THAN S
		1301 NE 14TH STREET				1-3.
			SANI, P.A. Firm/Company Address City/State and Zip Code WFIRM.COM (to be used for future annual report notification) fall: 352 Area Code Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle			
		OCALA, FLORIDA 3447	0			- <u>2</u> 27
			City/State and Zip	Code		_, :3
		ESERVICE@OCALALAV		1		•
For furth	er information c	oncerning this matter, please c		аппиат герогі пото	neation)	
	S J. DOBBINS			260 8020		
1 HOWIA			at (_)		
	Name o	f Person	Area Cod	e Daytim	e Telephone Numb	er
Enclosed	is a check for th	ne following amount:				
\$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Co	рру	Certific Certific	cate of Status & ed Copy
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 issee, FL 32314	Re Dir Cli 260	gistration Sectio vision of Corpor fton Building	n rations enter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRO AIR GOLF, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	iny as it now appears on our records. Dability Company))
The Articles of Organization for this Limited Liability Company	were filed on AUGUST 4, 2015	and assigned
Florida document number 1.15000133386		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
GRANATA INVESTMENTS, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	
Enter new principal offices address, if applicable:	10291 SE 170TH PLACE	212
Principal office address MUST BE A STREET ADDRESS)	SUMMERFIELD, FL 34491	
		92.1
Enter new mailing address, if applicable:	10291 SE 170TH PLACE	
Mailing address MAY BE A POST OFFICE BOX)	SUMMERFIELD, FL 34491	<u> </u>
		·•
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records,	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code

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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Change
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Effective date, if other than the date of filing: It an effective date is listed the date must be specific and cannot be prior to Note: If the date inserted in this block does not meet the applical document's effective date on the Department of State's records.	o date of filing or more than ble statutory filing requir	(optional) 90 days after filing.) Purs rements, this date will	suant to 605.0207 not be listed as
he record specifies a delayed effective date, but not The 90th day after the record is filed.	an effective time, a	at 12:01 a.m. on t	he earlier o
Dated JANUARY 2 2018	1		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00