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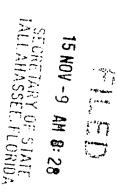
(Re	questor's Name)	
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(Ad	dress)	<u>. </u>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

Div	ision of Corpo	rations					
SUBJECT:	SARASOTA	PAY HALF CLUB LLC					
Name of Limited Liability Company							
The enclosed	l Articles of Ar	mendment and fee(s) are subm	itted for filing.				
Please return	all correspond	lence concerning this matter to	o the following:	•			
		VANESSA LONG					
			Name of Person				
		ACCOUNTING RESULTS	INC				
Firm/Company							
	6500 CENTRAL AVENUE SUITE C						
			Address				
		SAINT PETERSBURG, FL 33707					
	City/State and Zip Code						
		MARK@FERGSSPORTSBA					
		E-mail address: (to	be used for future annual report noti	fication)			
For further in	nformation con	cerning this matter, please cal	1:				
VANESSA	LONG		727 322-0029				
Name of Person Area Code Daytime			e Telephone Number				
Enclosed is a	check for the	following amount:					
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fce & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

Registration Section

TO:

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

SARASOTA HALF OFF CLUB LLC	
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)
he Articles of Organization for this Limited Liability	ty Company were filed on OCTOBER 28, 2015 and assigned
lorida document number L15000183313	 ·
his amendment is submitted to amend the following	g:
. If amending name, enter the new name of the	limited liability company here:
SARASOTA PAY HALF CLUB LLC	
he new name must be distinguishable and contain the words "	'Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
• • • • • • • • • • • • • • • • • • • •	
<u>Principal office address MUST BE A STREET AL</u>	ODRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX	7
Audis, duniess Mari Berri Ost Orlice Borr	
If amounting the projectional agent and/on w	egistered office address on our records, enter the name of the ne
egistered agent and/or the new registered office a	
	AS AN
Name of New Registered Agent:	SO STATE
New Registered Office Address:	To E
	Enter Florida street address
-	, Florida

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
			□ Add
			□ Remove
			Change
			Add
			□ Remove
			Change
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00