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(Re	equestor's Name)	
(Ac	idress)	
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(Cil	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	e)
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COVER LETTER

TO:		porations	. ·	
	GVILLE G	OLF, LLC	•	7
SUBJE	ECT:	Name of Limi	ted Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please	return all correspo	ndence concerning this matter (to the following:	
		CHRISTOPHER L MARC	UM	
			Name of Person	
	Registration Section Division of Corporations GVILLE GOLF, LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. see return all correspondence concerning this matter to the following: CHRISTOPHER L MARCUM			
			Firm/Company	
		12227 WOODLANDS CIR	RCLE	
			Address	
		DADE CITY, FL 33525		
			City/State and Zip Code	
		E-mail address: (t	to be used for future annual report not	fication)
For fur	ther information c	oncerning this matter, please ca	all:	
CHRIS	STOPHER L MAE	RCUM	at ()	
	Name o	f Person	Atea Code Daytin	ie Telephone Number
Enclose	ed is a check for the	ne following amount:		
■ \$25	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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, FE 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GVILLE GOLF, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	nv as it now appears on our records liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number 1.16000004253	were filed on 01/16/2016	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	- 	
Principal office address MUST BE A STREET ADDRESS)		
		00°
		2
		# To Table 1
nter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
B. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here. Name of New Registered Agent:		s, enter the name of the
	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street address	<u> </u>
	Fla	orida
	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

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
AM	ALYSSA M. MARCUM	12227 WOODLANDS CIRCLE	
		DADE CITY, FL 33525	
		17ADI. 011 1, 11. 33323	
			Change
AM	GERALD L. MARCUM	12227 WOODLANDS CIRCLE	
		DADE CITY, FL 33525	U Xuu
			Remove
			Change
			□ Remove
			Change
			□ Remove
			Change
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ote: If the date inso	her than the date of f led, the date must be specificated in this block does of date on the Department	not theer me appro-	and statomy inne	(optional) re than 90 days after filing requirements, this date	.) Pursuant to 605.020 will not be listed a
record specific The 90th day a	es a delayed effecti fter the record is fi	ve date, but no led.	ot an effective ti	me, at 12:01 a.m.	on the earlier (
/ 3	7	2019	.—·		
ated	2 1		c ////		
	2 1	of a member or auth	orized representative	of a member	

Page 3 of 3

Filing Fee: \$25.00