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Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Fax Number       : (850) 617-6383         From:       Account Name       : LEGALZOOM.COM INC.         Account Number       : I20010000062         Phone       : (323) 962-9600         Fax Number       : (323) 962-3889         Phone       : (323) 962-3889         Inter the email address for this business entity to be used for future annual report mailings. Enter only one omail address please.**         Email Address:	To:			-	2016 M
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5/13/2016 10:50:44 AM PDT

13239628300 From: Amanda Sando

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## **COVER LETTER**

TO: Registration Section Division of Corporations

## BAHAMAS & BACK TOURNAMENT, LLC SUBJECT:

SUBJECT

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning thismatter to the following:

Chevenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N. Brand Blvd., 11th Floor

nouress

Glendale, CA 91203

City/State and Zip Code

LISAHAMMONDKITCHENS@GMAIL.COM

E-inail address: (to be used for future annual reportnotification)

For further information concerning thismatter, please call:

 
 Imelda Vasquez
 800 at (\_\_\_\_\_)
 773-0888 ext. 9724

 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 Filing Fee

Certificate of Status

 \$55.00 Filing Fee& Certified Copy (additional copy is enclosed) \$60.00 FilingFee, Certificate of Status & Certified Copy (additional copy isenclosed)

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

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Page 4 of 6 5/13/2016 10:5	0:44 AM PDT	13239628300 From: Amanda Sando
ARTICLES OF T ARTICLES OF C O BAHAMAS & BACK TOURNAMENT, LLC	AMENDMENT O PRGANIZATION F /	13239628300 From: Amanda Sando FILED 2016 MAY 13 AH 9: 10 SECRETARY OF STATE ALLAHASSEE, FLORIDA
(Nameof the Limited Liability Compar (A Florida Limited I	iv as it now appears on our record- iability Company)	<u>s)</u>
The Articles of Organization for this Limited Liability Company Florida document number 1/16000050679	were filed on <u>03/11/2016</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and end with the words "Limited Liab	lity Company." the designation "LLC	?" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	601 Nightingale Dr.	
(Principal office address MUST BE A STREET ADDRESS)	Indialantic, Florida 32903	
Enter new mailing address, if applicable:	601 Nightingale Dr.	
(Mailing address MAY BE A POST OFFICE BOX)	Indialantic, Florida 32903	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records :	, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida Zip Cock
New Registered Agent's Signature, if changing Registered Agent:	City	Lip Cone

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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

Page 1 of 3

## To: Page 5 of 6

| . 5/13/2016 10:50:44 AM PDT

13239628300 From: Amanda Sando

If amending the Managers or Authorized Memberon our records, <u>enterthe title, name, and address of each Manager or</u> <u>Authorized Member being added or removed from our records</u>:

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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D		rmation, enter change(s) here: (Attach additional s date AMBR Nathan Hammond's address to:	heets, if necessary.)	
	601 Nightingale Dr.,	Indialantic, Florida 32903		
	<b>88778-1</b>			
E	Effective date, if other than (The effective date must be specific, the date this document is filed by d	the date of filing:	(optional) e than 90 days after	
	Dated May 12, 2016	· ^		

Mathin Hammand

Nathan Hammond

Typed or printed name of signce

2016 HAY 13 H 9: 10 SEUMETARY OF STATE

Page 3 of 3 Filing Fee: \$25.00