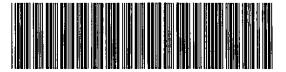
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COVER LETTER

Divisi	on of Corpo	orations				
W SUBJECT:	Vinsome Gre	en Golf, LLC				
		Name of Lin	nited Liability Company			
The enclosed A	articles of A	mendment and fee(s) are sub	omitted for filing.			
Please return al	l correspond	dence concerning this matter	to the following:			
		Eldon Johnson				
			Name of Person		•	
		Winsome Golf				
Firm/Company					•	
		7016 Island Queen ct.				
			Address		•	
		Sarasota, FL 34233				
			City/State and Zip Code		•	
		Eldoneric@gmail.com		7	201 25E	
		E-mail address:	(to be used for future annual report noti	fication)	~ 5	-
For further info	rmation con	cerning this matter, please c	eall:	ت بر خ	2016 AUG 26	S STATE AND PERSONS ASSESSMENTS
Eldon Johnson			941 3153809 at ()	, T		
	Name of F	'erson		e Telephone Number		O
Enclosed is a cl	heck for the	following amount:				
\$25,00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

MAILING ADDRESS:

TO:

Registration Section

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

(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{\text{Au}}{\text{El}}$ Florida document number $\frac{\text{Ll}6000153694}{\text{El}}$	gust 16, 2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	<u>re</u> :
Winsome Golf, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the de-	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2018 A-L
	All B
	9 N
Enter new mailing address, if applicable:	Mail Market
(Mailing address MAY BE A POST OFFICE BOX)	
	CRID S
·	
B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here:	our records, enter the name of th
Name of New Registered Agent:	4.00
New Registered Office Address:	
New Registered Office Address:	ida street address
New Registered Office Address:	ida street address, Florida Zip Code

If Changing Registered Agent, Signature of New Registered Agent

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 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>	<u>Address</u>	Type of Action
			Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			□ Remove
			Change,
			Add Add
			NE Change
			Remove Change
			Add
			☐ Remove
			Change
	Participation and the second s		Add
			Remove
			☐ Change

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ective date, if other than the date of filing:	ot be prior to d he applicable	ate of filing or m statutory filin	ore than 90 days g requirements	s after fili s, this da	ng.) Purs ite will i	mant to 605.0 not be listed
record specifies a delayed effective date. The 90th day after the record is filed.	, but not a	n effective t	ime, at 12:	01 a.m	n. on t	he earlier
August 22 20)16					
Su.		mg~				
	/	, –				

Page 3 of 3

Filing Fee: \$25.00