## L16000174588

(Requestor	's Name)			
(Address)				
(Address)				
(City/State/	Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business	Entity Name)			
(Document Number)				
Certified Copies C	Certificates of Status			
Special Instructions to Filing C	fficer:			

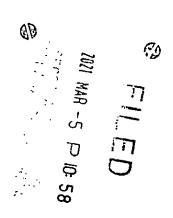
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## COVER LETTER

TO: Registration So Division of Cor			
subject.	EE - TIME (	SOLF LLC	
SUBJECT:	Name of Lim	SOLF LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	-	
r lease return an correspo	sidence concerning this matter	to the following.	
	A^	Name of Person	5
		Fim/Company	
	46	1ND160 COOP .	SOUTH
		Address	
		RAMAK BEACH FL City/State and Zip Code	. 32550
		RTERS 5 @ AOL. COM to be used for future annual report notific	
For further information c	concerning this matter, please co		anony
ANDREW	J RICHARDS	at ( <u>267</u> ) <u>261</u> -	0887
Name o	t Person	Area Code Daytime	relephone Number
Enclosed is a check for t	he following amount:		
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL 3	ion orations llahassee Street, Suite 810

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TEE-TIME G	
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u> </u>	were filed on 9/19/20/6 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	AD
	Enter Florida street address  Florida  City  TarcCode
<del></del>	City : ZirCode : T
New Registered Agent's Signature, if changing Registered Agent:	-5
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S.:Or, if this document is

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
AMBR	JOANNE RICHARDS	46 INDIGO LOOP SOUTH	DXdd
		MIRAMAR BEACH, FL 32550	□Remove
			—
			🗀 Add
			Remove
			Change
			□Add
			□Remove
		<del></del>	□Change
			□Add
			Remove  RAR Change
		······	E □Change
			_D □ Add
	·	© S⊟Remove	
·			□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) U ₽ Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Signature of a member or authorized representative of a member ANDREW T. RICHARDS
Typed or printed name of signee

Filing Fee: \$25.00