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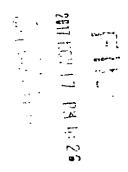
(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

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J. HARRIS

COVER LETTER

то:			n Secti Corpo					
SUBJI	ECT: _		CLUE	MUD,	LLC			
	_			· -	Name of Lir	mited Liability Company		•
The en	closed a	Article	s of An	nendment	and fee(s) are sul	bmitted for filing.		
Please	return a	ıll corr	espond	ence conc	erning this matte	r to the following:		
					BLAIR	M. JOHNSON		
						Name of Person		_
					RI.ATD	M. JOHNSON, P.A.		
					DDAIR	Firm/Company		_
					P.O. BO	X 770496		_
						Address		
					UTNMED	CARDEN DI 3477	7 0406	
					WINTER	GARDEN, FL 3477 City/State and Zip Code	7-0496	_
				В		orangelaw.com		
			•		E-mail address:	(to be used for future annual repo	ort notification)	-
For fur	ther inf	ormat	ion con	erning th	is matter, please	call:		
		- 3						
		ВІа	ir M	. Joh	nson		6-5 <u>5</u> 21	
		Na	ime of Pe	rson		Area Code I	Daytime Telephone Numb	er
Enclos	ed is a	check	for the 1	following	amount:			
S \$2	5.00 Fil	ling Fe	ee) Filing Fee & ificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certifi d) Certifi	Filing Fee, cate of Status & ed Copy nal copy is enclosed)

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 20, 2017

KATHY ANN DICKEY BLAIR M JOHNSON, PA PO BOX 770496, 425 S DILLARD STREET WINTER GARDEN, FL 34777-0496

SUBJECT: CLUB MUD, LLC Ref. Number: L16000181376 GOBA

We have received your document for CLUB MUD, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 717A00019107

2817 KGY 1.7 F.S. 4: 21

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_ CLUB	MUD, LLC				
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears Liability Company)	on our records.)			
The Articles of Organization for this Limited Liability Company	were filed on	09/28/16	ar	nd assig	ned
Florida document number <u>L16000181376</u> .					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de	signation "LLC" or the	e abbreviati	on "L.L	C."
Enter new principal offices address, if applicable:					
• •				B ! 7	Case to
(Principal office address MUST BE A STREET ADDRESS)				5	- ,
					m.r.
					:
Enter new mailing address, if applicable:				_IL	
(Mailing address MAY BE A POST OFFICE BOX)				- ::	
				رم	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	······································	our records, ent	er the n	ame o	f the ne
				٠	
	City	, Florida	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
AMBR	ROBYN BANKS	P.O. Box 770765	
		Winter Garden, FL 3477-0765	
			Remove
			Change
MGR	ROBYN BANKS	1982 St. Road 44, Suite 188 New Smyrna Beach, FL 32168	the Add
		.	Remove
			Change
MGR	ANNA BANKS	1982 St. Road 44, Suite 188 New Smyrna Beach, FL 32168	t Add
			Remove
			Change
			🗆 Add
			□ Remove
			Change
		- - :-	
		•	
			Remove
			Change
		·	▼) □ Add
			□ Remove
			Change

Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purpuant to 695.92 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed does not meet the applicable statutory filing requirements, this date will not be listed does not meet the applicable statutory filing requirements, this date will not be listed does not meet the applicable statutory filing requirements, this date will not be listed does not meet the applicable statutory filing requirements, this date will not be listed does not meet the applicable statutory filing requirements, this date will not be listed does not meet the applicable statutory filing requirements, this date will not be listed does not meet the applicable statutory filing or more than 90 days after filing.) Purpuant to 695.92 filing or more than 90 days after filing.) Purpuant to 695.92 filing or more than 90 days after filing.) Purpuant to 695.92 filing or more than 90 days after filing.) Purpuant to 695.92 filing or more than 90 days after filing.) Purpuant to 695.92 filing or more than 90 days after filing.) Purpuant to 695.92 filing or more than 90 days after filing.) Purpuant to 695.92 filing or more than 90 days after filing.) Purpuant to 695.92 filing or more than 90 days after filing.) Purpuant to 695.92 filing or more than 90 days after filing.) Purpuant to 695.92 filing or more than 90 days after filing.) Purpuant to 695.92 filing or more than 90 days after filing.) Purpuant to 695.92 filing or more than 90 days after filing.) Purpuant to 695.92 filing or more than 90 days after filing.) Purpuant to 695.92 filing or more than 90 days after filing.) Purpuant to 695.92 filing or more than 90 days after filing.) Purpuant to 695.92 filing or more than 90 days after filing.) Purpuant to 695.92 filing or more than 90 days after filing.) Purpuant to 695.92 filing or more than 90	we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 's effective date on the Department of State's records. It is defective date on the Department of State, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.		
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Page 3 of 3

Filing Fee: \$25.00