## L16000213615

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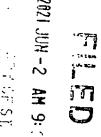


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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

KOVA GOLF M	ANAGMENT, LLC		
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
		<u> </u>	L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
		1 7	Arr. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
		1 7	Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
			Fictitious Owner Search
Signature			Vehicle Search
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Paguacted but			Driving Record
Requested by:			UCC 1 or 3 File
Name	Date T	ime	UCC 11 Search
Walk-In	Will Pick Up		UCC 11 Retrieval
			Country

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## **COVER LETTER**

TO:	Registration Se Division of Cor	ection Porations		
SUBJE		LF MANAGEMENT, LLC		
30036	C1	Name of Lin	nited Liability Company	
		Amendment and fee(s) are sub		
i rease i	etani an correspo	Matthew P. Flores	to the following.	
			Name of Person	
		Zampogna Flores, PLLC		
			Firm/Company	<del>-</del>
		1333 Third Avenue S. Sui	Address	<del></del>
		Napes, Florida 34102		
		rrainville@kovagolf.com	City/State and Zip Code	
<b></b>		E-mail address: (	to be used for future annual report noti	fication)
		oncerning this matter, please c		
Matthey	v P. Flores, Esq.	<u>.                                      </u>	239 261-0592 at ()	
	Name of	l'Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>■</b> \$25	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S	Section	Street Address: Registration Se	ction

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KOVA GOLF MANAGEMENT,	LLC			
(Name of the Linu	ited Liability Compan (A Florida Limited Li	y as It now appears on our ability Company)	records.)	<del></del>
The Articles of Organization for this Limited I	Liability Company v	vere filed on November	22, 2016	and assigned
Florida document number L16000213615	,·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, gnter the new name	of the limited liabil	ity company here:		
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the designation	on "LLC" or the abbi	eviation "L.1,.C."
Enter new principal offices address, if appli	cable:			1.07
(Principal office address MUST BE A STRE	ET ADDRESS)			
			·	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	: BOX)			٩
				02
B. If amending the registered agent and/or agent and/or the new registered office addr.		ddress on our records	, enter the name	of the new registered
Name of New Registered Agent:	Matthew P. Flor	es Law, PLLC		<del></del>
New Registered Office Address:	1333 3rd Avenu	e S, Suite 505		
		Enter Florida stre	et oddress	
	Naples		Florida <u></u> .	02
		Ciŋ·		Zip Code

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 fitte, 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 \_\_\_\_\_\_ □Remove \_\_\_\_\_\_ □Change \_\_\_\_\_\_ 🗆 🗀 Add \_\_\_\_\_\_ DRemove \_\_\_\_\_ □Change \_\_\_\_\_ □Remove \_\_\_\_\_ Change \_\_\_\_\_\_ DRemove \_\_\_\_\_ Change

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ective date, if other than the conflictive date is listed, the date must te: If the date inserted in this blocument's effective date on the Department's	ck does not meet the annie:	In date of tiban or most th	(optional) an 90 days after filing.) Pursuant to 60 pirements, this date will not be list	5 0207 ed as
cord specifies a delayed effective s filed.	date, but not an effective tir	nie, at 12:01 a.m. on the	earlier of: (b) The 90th day afte	r the
ed May 19	2021	-1111		
	The same of the sa	the		
	ignature of a member or author	rized representative of a r	iember	

Filing Fee: \$25.00