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R. WHITE. MAR 1 4 2019



COVER LETTER

TO:	istration Section sion of Corporations	
SUBJEC	RyAn Rogerson Golf, LLC Name of Limited Liability Company	
	Name of Limited Liability Company	
The enci	Articles of Amendment and fee(s) are submitted for filing.	
Please ro	all correspondence concerning this matter to the following:	
	Ryan Rogerson	
	Name of Person	
	Golf Club trader	
	Firm/Company	
	2105 NE 62 CT Address	
	Address	
	FUTT LANderdale, FL 33308	
	City/State and Zip Code	
	Ryan Rogerson, PgA @	. GMAIL. COM
For furth	E-mail address: (to be used for future annual report notification) formation concerning this matter, please call:	
	RYAN RUSCISON at (954) 394 - 6440 Name of Person Area Code Daytime Telephone Number	
	Name of Person Area Code Daytime Telephone Number	
Enclosed	check for the following amount:	
\$25.	iling Fee	of Status & Opy

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FID

	^		2019	MAR -6	AM II: 57
KYAN	Rog	erson G	· vi & , b-b-	\subset	
(Name of the Limited Liab (A Flor	ility Comp ida Limited	<u>any as it now appea.</u> Liability Company)	rs on our records.	LL	LE.FL
The Articles of Organization for this Limited Liability Florida document number <u>L1600633549</u>	Company				
This amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the li</u>	mited lia	bility company h	e re :		
Golf CLUB The new name must be distinguishable and contain the words "L	imited Liab	ility Company," the c	lesignation "LLC"	or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable:			2105 NE	620	33328
Principal office address MUST BE A STREET ADI	DRESS)	FULT	Laudeclale	, FL	333U8
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		<u>)</u> Fu-r	o S NE LACILEDA	67nd	- 33308
3. If amending the registered agent and/or reg egistered agent and/or the new registered office ad			our records,	enter th	e name of the r
Name of New Registered Agent:		RY.A.,	n Roserson	`	
New Registered Office Address:		2105	NE 620	1 6	
		Enter Flo	rida street address		
	=3/1	LAUDUNIC	, Flor	ida?	3328 Zip Code
		City			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>	<u>Address</u>	Type of Action
			Add
			□ Remove
			Change
			Remove
			Change
			Remove
			Change
			Add
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effective dat e: If the da	e, if other than the date of filing to is listed, the date must be specific an ate inserted in this block does not a fective date on the Department of	d cannot be prior to meet the applicab	date of filing or mole statutory filing	ore than 90 days after requirements, this	filing.) Pursuant to 605,020
	ecifies a delayed effective day after the record is filed		an effective ti	ime, at 12:01 a	a.m. on the earlier o
	March				
ed	3	·/ 2019			
	//	an to			
	Signature	member of authori	zed representative	of a member	-
	•				
		RYAA Typed or printed	name of signee		

Page 3 of 3

Filing Fee: \$25.00