L17000100510

(Requestor's Name)
(Address)
(100.000)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Codification of Chabus
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COVER LETTER

TO:

Registration Section

Division of Cor			
SUBJECT:	BLE GOLF ACADEMY LLC Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JOE REDOUTEY		
		Name of Person	
	AFFORDABLE GOLF AG	CADEMY LLC	
		Firm/Company	
	6538 LAKE GRIFFIN, RE).	
		Address	
	LADY LAKE, FL. 32159		
	JOERED@B	~ve yee c zve	odiEGOLF, com
For further information e	E-mail address: (oncerning this matter, please c	to be used for future annual report notificall:	cation)
JOE REDOUTEY		352 753 - 3120	T = 1
Name o	f Person		Telephone Number
Enclosed is a check for the	ne following amount:		1 万
■ \$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 Continue of States & Certificates of States & Certified Copy (additional enpy is enclosed
Registr Divisio P.O. Be	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent	ions

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AFFORDABLE GOLF ACADEM	IY LLC		
(Name of the Lim	ited Liability Co (A Florida Lim	ompany as it now appears on or ited Liability Company)	r records.)
The Articles of Organization for this Limited I lorida document number L17000100510	Liability Comp	pany were filed on 5/5/17	and assigned
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name	of the limited	liability company here:	
AFFORDABLE GOLF ACADEMY OF AMERI	CA LLC		
he new name must be distinguishable and contain the	words "Limited	Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	· · · · · · · · · · · · · · · · · · ·
Principal office address MUST BE A STRE	ET ADDRESS	<u>S)</u>	
Enter new mailing address, if applicable:	S BOY	N/A	
<u> Mailing address MAY BE A POST OFFICE</u>	: BOX)		
3. If amending the registered agent and egistered agent and/or the new registered of			records, enter the name of the
Name of New Registered Agent:			
New Registered Office Address:	N/A	r - Pl · I ·	
		Enter Florida stre	Florida
		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>	Address	Type of Action
	N/A		Add
			Remove
	N/A		
			☐ Remove
			Change
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			Change
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fective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blue becoment's effective date on the D	st be specific and canno lock does not meet th	ne applicable statuto	ing or more than 90 d ry filing requireme	_ (optional) ays after filing.) Pents, this date wi	ursuant to 605 Il not be liste	i.020 ed a
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Filing Fee: \$25.00