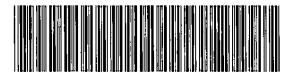


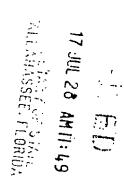
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PICK-UP	☐ WAIT	MAIL	
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUB.	Swing Duk	e Orlando, LLC.		
		Name of Lim	ited Liability Company	
The e	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleas	e return all correspo	ondence concerning this matter	to the following:	
		Ku Kyong Chung		
			Name of Person	
		Washington Golf MD, LL	C.	
			Firm/Company	
		10019 Bridgeview Drive		
			Address	
		Howey in the Hills, FL 34	737	
		kkchung@comcast.net	City/State and Zip Code	
			to be used for future annual report notif	cation)
For fi	urther information c	oncerning this matter, please ca	all:	
Ku K	Lyong Chung		352 272-4870 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclo	osed is a check for the	he following amount:		
<b>■</b> \$	25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration 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

Swing Duke Orlando, LLC.	
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Comp	pany were filed on June 13, 2017 and assigned
Florida document number 600300313676	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
Washington Golf MD, LLC.	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10019 Bridgeview Drive
(Principal office address MUST BE A STREET ADDRES.	Howey in the Hills, FL 34737
Enter new mailing address, if applicable:	Same As Above
(Mailing address MAY BE A POST OFFICE BOX)	
	ed office address on our records, enter the name of the no
registered agent and/or the new registered office address	s here:
Name of New Registered Agent: Same As A	
New Registered Office Address:	<b>49</b>
	Enter Florida street address
	, Florida
<del></del>	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 = AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Change
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			Remove
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			Change
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effective date is listed, the date must be specific and cannot be: If the date inserted in this block does not meet the	e prior to date of : applicable statu	filing or more than tory filing requi	90 days after f	lling.) Pun late will	suant to	605.02 listed
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ecord specifies a delayed effective date, b	ut not an eff	ective time.	at 12:01 a.	m. on t	he ea	rlier
ne 90th day after the record is filed.		·				
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Signature of a member of	or authorized repr	esomentive of a mic	imber			

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Filing Fee: \$25.00