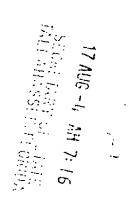
## 117000163676

			<u> </u>				
			(Requ	uestor	's Name	)	
			(Addr	ess)			· · · · · · · · · · · · · · · · · · ·
		<u>-</u> .	(Addı	ress)			
			(City/	State/	Zip/Pho	ne #)	
	☐ F	PICK-L	JΡ		WAIT		MAIL
			(Busi	ness	Entity Na	ame)	
			(Doci	umen	Numbe	r)	
ertified	d Cop	ies		C	Certificate	es of S	Status
Specia	al Inst	ruction	ns to Fi	iling C	officer:	•	
		100 111	10				
;   ;		2017 AUG -4 AM (8-5	FĽO	Offic	e Use C	nly	
:	というは、	7	SEUNETTANT LLAHASSEE				
	Li Z	7 AUG	CATA.				
		201	ALL ALL				



900302002589

08/07/17--01003--021 \*\*60.00



AUG 0 7 2017 J SHIVERS

## **COVER LETTER**

TO: Registration S Division of Co	ection rporations		
		,	$\bigcap$
SUBJECT:	Signalvie	Series mited Liability Company	(50/F
i	•		
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspo	ondence concerning this matte	r to the following:	
1	Syzan	ne Ray Name of Person	
		Name of Person	<del></del>
		Firm/Company	
	18035 R	Address  Address  City/State and Zip Code  Cy 76 C appail C	rive
	- / /	Address	
	Tallahass	ee FL	32310
	54.7	City/State and Zip Code	
	E-mail address:	y 16 e grail.c	om
For further information co	incerning this matter, please co	or used for intinge annual report no	uncation)
	_		
Juzanne	Kay	au 850 545	-4775
Name of	Person (	at ( <u>850</u> ) <u>545</u> Area Code Daytin	ne Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	52 \$60.00 Filing Fee, Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Signa	ture Series Golf	
	Limited Liability Company as it now appears on our records (A Florida Limited Liability Company)	<u>.)</u>
i	1 1	
The Articles of Organization for this Limi	ted Liability Company were filed on	Z and assigned
Florida document number L 17000	163676	
This amendment is submitted to amend the	e following:	
A. If amending name, enter the new na	me of the limited liability company here:	
The new name must be distinguishable and contain	the words "Limited Liability Company," the designation "LLC"	or the abbreviation "LLC"
Enter new principal offices address, if a		o. Lie desireriation (E.E.C.
(Principal office address MUST BE A ST	<del></del>	
1		
Enter new mailing address, if applicable	:	
Mailing address MAY BE A POST OFF	ICE BOX)	
If amanding the maintains		F.
egistered agent and/or the new registered	and/or registered office address on our records,	enter the name of the new
Name of New Registered Agent:	<del></del>	25 P
New Registered Office Address:		
	Enter Florida street address	<del></del>
	, Flori	da
	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

or removed	g Authorized Person(s) authorized t from our records:	o manage, enter the title, name, and address of each person being added
MGR = N		
Title	Name O	Address Type of Action
HIIBN	Suzanne May	18035 Rakestraw Dr. WAdd  Tallahassee FL 32310 Remove
		□ Change
		□ Remove
i I		☐ Change
		—————————————————————————————————————
		□ Change
<del>- '-</del>		□ Add
		□ Remove
		☐ Change
1		□ Remove
		——————————— ∧dd
		□ Rcmove

	51
	95
	0
ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date.  If the date inserted in this block does not meet the applicable sument's effective date on the Department of State's records.	(optional) c of filing or more than 90 days after filing.) Pursuant to 605. tatutory filing requirements, this date will not be lister
record specifies a delayed effective date, but not an nee 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlie
1 8/2/17 , 2017. Suranne F Ray	
Signature of a member or authorized respectively.  Syzanne E, K.  Typed or printed name	epresentative of a member

Page 3 of 3

Filing Fee: \$25.00