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SECRETARY OF STATE DIVISION OF CORPORATIONS

N COOPER MAY 2 4 2018

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Prylygolf (mtracting Services LC Name of Limited Lyability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Steven Ralyaulz Name of Person
Prayguz (ontracting Services
3211 47th St West
Lehigh acros, FL 33971 City/State and Zip Code
YCAYIAUL7 CONTYACTINAS EVICOS & CIMCUL. COM U-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Steven Production at (239) 703-5638  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee. 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**

Waltique 7 (Ontract) (Name of the Limited Liability	y Campany as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number LISOSSIOL  This amendment is submitted to amend the following:		and assigned
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		<b>66</b> <del>√</del> √ √ 10
(Principal office address MUST BE A STREET ADDRI	<u> </u>	N SIOP
		7 <u> </u>
		A OLY
Enter new mailing address, if applicable:		-
(Mailing address MAY BE A POST OFFICE BOX)		- ST ONE
B. If amending the registered agent and/or registered agent and/or the new registered office addre		the name of the nev
Name of New Registered Agent:	<del>-</del>	
New Registered Office Address:		
	Enter Florida street address	
	Florida	
New Registered Agent's Signature if changing Registered	City	Zip Code
ara massiring agent c signature it enangues Registered	12 C14MBT *	

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 = Au	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	derufer DeMaris	3211 47th St W	
		Lehigh acros FL 33971	Remove
			Change
			Add
			Remove
			Change
		<del></del>	O Add
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			Change
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. If amo	ending any other information, enter change(s) here: (Attach additional sheets. if necessary.)		
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(If an eff	ive date, if other than the date of filing:	uant to ( not be l	505.0207 (3 isted as th
the red ) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	he ea	rlier of:
Dated	May 19 2018.		
	Signature of a member or authorized representative of a member  57EVEN Bodriscez  Typed or printed name of signee		

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Filing Fee: \$25.00