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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
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COVER LETTER

TO:	Registration Sec Division of Corp			
cup ic		GOLF INSTRUCTION LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspor	ndence concerning this matter	to the following:	
		WILLIAM WALTERS		
		WALTERS GOLF INSTR	Name of Person UCTION LLC	
		6756 GIANT OAK LANE	Firm/Company #161	
		ORLANDO FL 32810	Address	
		WILL@WALTERSGOLFI	City/State and Zip Code NSTRUCTION.COM	
			to be used for future annual report notifi	ication)
For furtl	her information co	oncerning this matter, please ca	all:	
WILLIA	AM WALTERS		772 919-2932 Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	e following amount:		
\$25	.00 Filing Fec	□ \$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

TO:

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

1 %

2019 COT 24 PH 4: 18 WALTERS GOLF INSTRUCTION LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	6/4/2019	·
The Articles of Organization for this Limited Liability Compan	y were filed on 0/4/2018	and assigned
Florida document number L18000137621		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
	South	
Enter new mailing address, if applicable:	522 HUNT CLUB BLVD #1	08 🎸
(Mailing address MAY BE A POST OFFICE BOX)	APOPKA FL 32703	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent: New Registered Office Address:	<u>re</u> :	
•	Enter Florida street addr	ess
		Norida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	_	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my duties, o provided for in Chapter 605	and I am familiar with and , F.S. Or, if this document is

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
			
			Remove
			☐ Change
			Add
			☐ Remove
			Change
			☐ Remove
			☐ Change
			Add
			Remove
		 	Change
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			Pemove
			☐ Change
			D Add
			□ Remove
			□ Change

ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more the second of the date inserted in this block does not meet the applicable statutory filing recommendation.	
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	an 90 days after filing.) Pursuant to 605.02
ament's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time	at 12:01 a.m. on the earlier
ne 90th day after the record is filed.	
OCTOBER 14 2019	
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Will war	
Signature of a member or authorized representative of a	

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Filing Fee: \$25.00