Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180001964213)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ADVOCATE CONSULTING LEGAL GROUP, PLLC

Account Number : I20090000001 Phone : (239)213-0065 Fax Number : (239)213-0698

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

brigetteh@advocatetax.com Email Address:

ö٠

Ø

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VALHALLA14 LLC

Certificate of Status	1
Certified Copy	I
Page Count	05
Estimated Charge	\$60.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

JUL - 5 2018

--

ထု

(((H180001964213)))

COVER LETTER

TO: Registration S Division of Co			
VALHAL SURJECT:	LA14 LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Brigette Harms		
		Name of Person	
	Advocate Consulting Lega	I Group, PLLC	,
	<u> </u>	Firm/Company	
	1300 N. Westshore Blvd,	Ste. 220	
		Address	
	Tampa, FL 33607		
		City/State and Zip Coxle	
	brigetteh@ndvocatetax.com		
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report notifi all:	(сапон)
Brigette Harms		239 213-0066	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	S30.00 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

(i(H1	FILED
18	JUL -5 AM 8 44
	77. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15
	

VALHALLA14 LLC

(Name of the Limited Liabil	lity Company as it now	appears on our records	
(A Floric	da Limited Liability Co.	прилу)	•

The Articles of Organization for this Limited Liability Comp	any were filed on 06/05	/2018 and assigned
Florida document number 1.18000139841		and top grad
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here	:
The new name must be distinguishable and contain the words "Limited L	iability Company," the desi	guation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on o here:	ur records, enter the name of the new
Name of New Registered Agent:	<u>. v </u>	
New Registered Office Address:		
	Enter Florida	street address
	City	Florida
New Registered Agent's Signature, If changing Registered Ag-	•	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	agree to act in this ca lete performance of m as provided for in Ch	y duties, and I am familiar with and apter 605, F.S. Or, if this document is
ir	Changing Registered Ager	t, Signature of New Registered Agent

Page 1 of 3

(((H18000196421 3)))

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 AMIR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Rory McIlroy Inc.	624 Lighthouse Drive	
		North Palm Beach, FL 33408	■ Remove
			☐ Clunge
AMBR	The Rory McIlroy Enterprises, Inc.	624 Lighthouse Drive	
		North Palm Beach, FL 33408	□ Remove
			□ Change
			□ Remove
			O Change T
			Change T
			□ Remove ⊖
			O Change
*****			□ Add
			□ Remove
			☐ Change
			□ Add
			Remove
			☐ Change

Page 2 of 3

					
			····		
					· · · · · · · · · · · · · · · · · · ·
					
		· · ·			
·					()
		<u></u>			至
	~				<u></u>
					*
					<u></u>
					1.111
Effective date, if other than	the date of filing: _			(optional)
fan effective date is listed, the date Note: If the date inserted in th	must be specific and can is block does not meet	the applicable sta	of filing or more that tutory filing requi	i 90 days after filin rements, this dat	g.) Pursuant to 605.02 e will not be listed
document's effective date on the	ne Department of State	's records.			
ne record specifies a dela The 90th day after the	ayed effective date record is filed.	:, but not an e	ffective time,	at 12:01 a.m	, on the earlier
July 3	2	018			
Dated	··································	0		`	
	Signature of a more		nicontailye of a m	ember	
	5:gnature of a mer	The second of th)
			l Ro	RY Mª/LR	641

Page 3 of 3 Filing Fee: \$25.00