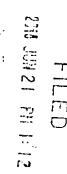
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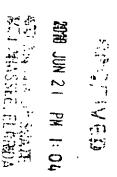
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COVER LETTER

TO: Registration Section Division of Corporations SouthWood Golf Group LLC Name of Limited Liability Company Dear Sir or Madam: The enclosed Statement of Correction and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Charles McMurry Name of Person McMurry Law Firm Firm/Company 910 N. Duval St. Address Tallahassee, Fl. 32303 City/State and Zip Code mclaw@mcmurrylawfirm.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Charles McMurry Name of Person Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: ■ \$25 Filing Fee \$30 Filing Fee & S55 Filing Fee & S60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

CR2E062 (9/15)

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

<u>FIRST</u>	: The name of the limit	ed liability company is: Southy	ood Golf Group LLC	
SECON THIRD	Document to	be corrected is: name of LL		
		statement. The incorrect statement,	PLETE THE APPLICABLE STAT the reason the statement is incorrect, a	
	the name of th	e LLC should be "Southe	rn Sandbaggers LLC"	
	OR			
	_	d. The manner in which the docume	nt was defectively signed and the app	ropriate correction are
	OR			
	/) .	ission of the record was defective. Multiple Manager of Authorized Representative	6/21/ Date	1/8
	re of new registered aging the designation).	ent, if applicable :(NOTE: if correct	ing the registered agent, the new regis	tered agent must sign
I hereby provisio obligati	y accept the appointme ons of all statutes relat- ions of my position as r a change in the register	ive to the proper and complete perfor registered agent as provided for in Ci	ct in this capacity. I further agree to c mance of my duties, and I am familian hapter 605, F.S. Or, if this document is hat the limited liability company has b	with and accept the specific being filed to merely
		Registered Age	nt's Signature	
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)	

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