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## **COVER LETTER**

TO: Registration ! Division of Co			
Bradley :	Spearman Golf LLC		
SUBJECT:	Name of Limit	ted Liability Company	<del></del>
The enclosed Articles of	of Amendment and fee(s) are sub-	nitted for filing,	
Please return all corresp	pondence concerning this matter t	o the following:	
	Eric C. Reinhardt, Esq.		
		Name of Person	<del></del>
	240 Coulth Dillord Ctoops	Firm/Company	
	310 South Dillard Street	#120	
	Winter Garden, FL 34787	Address	
	ecr1997@aol.com	City/State and Zip Code	
	E-mail address: (to	o be used for future annual report noti-	tication)
For further information	concerning this matter, please ca	11:	
Eric C. Reinhardt		407 877-7115	
Name	of Person	Area Code Daytime	e 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)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose

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**

Bradley Spearman Golf LLC	
(Name of the Limited Liability Compa- (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L18000192014	were filed on August 10, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
2020Golf LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	- S 20 10 10 10 10 10 10 10 10 10 10 10 10 10
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	TI TAKY GET STATE OF THE STATE
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Enter Floriaa street adaress
	, Florida
	City Zip Code

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			Add
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Effective date, if other than the o	late of filing:		(optional)	. 0 - 0 - 0
If an effective date is listed, the date must <b>Note:</b> If the date inserted in this block				
document's effective date on the Dep	partment of State's records			
				4:
he record specifies a delayed The 90th day after the reco		ot an effective time,	at 12:01 a.m. on the e	ariier o
Dated November 9	2018	<u> </u>		
G'G'	۸ ،			
Glie Stemby	audt Signature of a member or auth	orized representative of a n	nember	<del></del>

Page 3 of 3

Filing Fee: \$25.00