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## **COVER LETTER**

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SIIRI	IECT:	Golf Grips N	ow, LLC		
500	.cer.		Name of Limi	ited Liability Company	
The e	nclosed	Articles of A	mendment and fec(s) are sub-	mitted for filing.	
Please	e return	all correspond	dence concerning this matter	to the following:	
			Marc Schulze		
				Name of Person	
			Saltwater Magic Florida, L	LC	
				Firm/Company	
			9020 Maverick CT		
			<del></del>	Address	
			Naples, FL 34113		
			annette.	City/State and Zip Code  COMC  be used for future annual report notif	ast.net
For fi	ırtlıcr in	formation cor	ncerning this matter, please ca	·	iculion,
Anne	ette Jung	;		239 455-1662 at ()	
		Name of F	Person	Area Code Daytime	Telephone Number
Enclo	sed is a	check for the	following amount:		
<b>■</b> \$3	25,00 Fi	ling 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 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

Golf Grips Now, LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our record nited Liability Company)	<u>ls.</u> )
The Articles of Organization for this Limited Liability Comp	pany were filed on 02-18-2019	and assigned
Florida document number L1900004804		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Saltwater Magic Florida, LLC		
The new name must be distinguishable and contain the words "Limited"	Liability 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	<u>s)</u>	
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BOX)		網子面
3. If amending the registered agent and/or registere registered agent and/or the new registered office address		s, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	22
	FJ	orida
<del></del>	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 =	Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Remove
			Change
			□ Add
		····	Remove
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tive date, if other than the ffective date is listed, the date mu	e date of filing:	date of filing or more than 90 da	_(optional) ivs after filing.) Pursuant to 605.02
If the date inserted in this b	lock does not meet the applicable partment of State's records.	e statutory filing requirement	nts, this date will not be listed
ecord specifies a delaye e 90th day after the rec	d effective date, but not a cord is filed.	n effective time, at 12	2:01 a.m. on the earlier
May 09	2019	1	, /
	Signature of a member or authorize	Mas	M///

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee