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(Keq	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	
Certified Copies	Certificates of	f Status
Special Instructions to F	iling Officer	
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Office Use Only



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amend

COVER LETTER

TO:	Registration Se Division of Cor			•	
eun u		ELITE AM GOLF TOUR LLC	•		
SUBJE	ul:	Name of Lim	ited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspo	ondence concerning this matter	to the following:		
		WILLIAM JACK DAVIS	II		
		FLORIDA ELITE AM GC	Name of Person DLF TOUR LLC		
		5957 WINDSWEPT BLVI	Firm/Company		
			Address		
		WISE, VA 24293			
		MBH@DMMDAVIS.COM	City/State and Zip Code		3. S
For furt	ier information e	E-mail address: (concerning this matter, please ca	to be used for future annual report notifi all:	cation)	
	EL HUNSUCKI		276 321 - 7286		. 1
	Name o	of Person	Area Code Daytime	Telephone Number	_
Enclose	d is a check for t	he 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 For Certificate of \$ Certified Copy radditional copy is	itatus &

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

FLORIDA ELITE AM GOLF TOUR LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability		and assigned
Florida document number L19000050479	 ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	mited 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 ADD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		r the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	City	ыр Соае

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	PAUL FLEMING	5957 WINDSWEPT BLVD WISE, VA 24293	■ Add
			□ Remove
			Change
MGR	JEREMY BULCOCK	5957 WINDSWEPT BLVD WISE, VA 24293	
			Change
			Add
			□ Remove
			Change
			□ Add
			Remove
			□ Change
			Remove
			Change
			Add
			☐ Remove
			☐ Change

			
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.ffective date, if other than the	date of filing:	(optional)	
an effective date is listed, the date mus Sote: If the date inserted in this blood locument's effective date on the Do	ock does not meet the applicable	(optional) te of filing or more than 90 days after filing.) Pu statutory filing requirements, this date wil	rsuant to 605,020' I not be listed as
			M
e record specifies a delayed The 90th day after the reco		effective time, at 12:01 a.m. on	the earlier o
MARCH 15	2019		
	Jed 54 #		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00