

120 000053806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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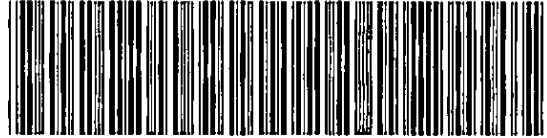
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SEBRING CITRUS GOLF TRAIL LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JASON BEATTY  
Name of Person

RIVER GREENS GOLF COURSE  
Firm/Company

47 WEST LAKE DAMON DR.  
Address

AVON PARK, FL 33825  
City/State and Zip Code

JASON@RGREENS.COM  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

ANDY KESLING at (863) 835-2436  
Name of Person Area Code Daytime 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 enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SEBRING CITRUS GOLF TRAIL LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned  
Florida document number \_\_\_\_\_.

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 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)**

RIVER GREENS GOLF & COUNTRY CLUB  
ATTN: JASON BOATY  
117 WEST LAKE DAMIRON DR.  
AVON PARK, FL 33825  
SAME AS ABOVE

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

JASON BOATY

New Registered Office Address:

47 WEST LAKE DAMIRON DR.

Enter Florida street address

AVON PARK

City

Florida

33825

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.*

Jason Boaty  
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>	<u>Type of Action</u>
MGR	JASON BEATTY	47 WEST LAKE RAMON DR.	<input checked="" type="checkbox"/> Add
		AVON PARK, FL 33825	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANDY KESLING	5223 TEE TIME CIRCLE	<input checked="" type="checkbox"/> Add
		SEBRING, FL 33872	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PHIL HATFIELD	3101 GOLFEVIEW RD	<input checked="" type="checkbox"/> Add
		SEBRING, FL 33870	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MICHAEL LAMERE	5223 TEE TIME CIRCLE	<input checked="" type="checkbox"/> Add
		SEBRING, FL 33872	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JERRY MCCRE	100 CLUBHOUSE LN	<input type="checkbox"/> Add
		SEBRING, FL 33876	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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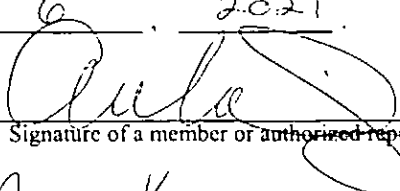
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JANUARY 6, 2021.

  
Signature of a member or authorized representative of a member

Andy Kesling  
Typed or printed name of signee