3/30/22, 9:29 AM

Division of Corporations

Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000116160 3)))



H220001161603ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC Account Number : I20180000086 Phone : (916)576-7000 Fax Number : (800)603-5868

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

RLOPS@PARASEC.COM Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **DOC'S GOLF TOURS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

To: 18506176383 From: 19165767036 Date: 03/30/22 Time: 2:31 PM Page: 03/04

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOC'S Golf Tours LLC		
(Name of the Limi	ted Liability Company as it now appe (A Florida Limited Liability Company)	nrs on our records.)
The Articles of Organization for this Limited L Florida document number L22000001173		
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of		ere:
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 applied		
(Principal office address MUST BE A STREE		

Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and/or agent and/or the new registered office addresses	registered office address on our ess here:	records, <u>enter the name of the new reg</u> ister
Name of New Registered Agent:	Jeremiah O' Carroll	
New Registered Office Address:	5851 Hollyhock Dr	
		orida street address
	Lakeland City	, Florida 22813 Zip Code
	Cny	LIP Coxie

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

To: 18506176383 From: 19165767036 Date: 03/30/22 Time: 2:31 PM Page: 04/04

<u></u>	
D. If ame	andino one and a second
	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
_	
-	
_	
_	
-	
_	
-	
_	
-	
-	
-	
-	
_	
-	
د مدید ین	ive date, if other than the date of filing:
(if no effi	cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 00 days
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.
If the recon	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
record is fil	ed.
	March 27th 2022
Dated	MARCH 27" 2022
	Am of out
	Signature of a member or authorized representative of a member
	Dennis O'Carroll
	···

Filing Fce: \$25,00