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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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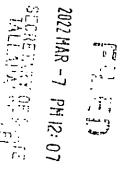




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February 28, 2022

KEVIN J. CRAGGS 11922 PERENNIAL PLACE BRADENTON, FL 34212

SUBJECT: EZEE AIM GOLF, LLC Ref. Number: L22000025023

We have received your document for EZEE AIM GOLF, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 322A00004874

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www.sunbiz.org

COVER LETTER

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elib ie ca	EZEE AIM	GOLF. LLC	
SUBJECT	·		nited Liability Company
The enclos	sed Articles of	Amendment and fee(s) are sub-	omitted for filing
		KEVIN J. CRAGGS	
			Name of Person
		EZEE AIM GOLF, LLC	
			Firm/Company
		11922 PERENNIAL PLA	CE
			Address
Firm/Company 11922 PERENNIAL PLACE Address BRADENTON, FL 34212 City/State and Zip Code			
		Name of Person EZEE AIM GGLF, LLC Firm/Company 11922 PERENNIAL PLACE Address BRADENTON, FL 34212 City/State and Zip Code cbajanajr@glomaco.us E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: RAGGS Name of Person Area Code Daytime Telephone Number CENTRAL PLACE Area Code Daytime Telephone Number CENTRAL PLACE Area Code Daytime Telephone Number CENTRAL PLACE Address Area Code Daytime Telephone Number CENTRAL PLACE City/State and Zip Code cbajanajr@glomaco.us E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: CAGGS Name of Person Area Code Daytime Telephone Number CENTRAL PLACE CITY/State and Zip Code cbajanajr@glomaco.us E-mail address: (to be used for future annual report notification)	
For further	information c		
		oncerning this matter, piease c	
KEVIN J.		C.D.	407 861-6611 S
	Name o	1 Person	Area Code Daytime Telephone Number
Enclosed is	s a check for tl	he following amount:	
\$25.00) Filing Fee		Certified Copy Certificate of Status Certified Copy
R	<u>lailing Addres</u> egistration S Division of C	Section	Street Address: Registration Section Division of Corporations
P	.O. Box 632	27	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EZEE AIM GOLF, LLC

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

(A Horida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 01/11/2022	and assigned-
Florida document number L.22000025023		10 P. 100
This amendment is submitted to amend the following:		rand assigned
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	"C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre.	
	, F1	orida Zip Code
New Registered Agent's Signature if changing Registered Agents	·	хир слоис

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>	Address	Type of Action
AR	GLOMACO, LLC	POST OFFICE BOX 1082	□Add
		ORLANDO, FL 32802	■Remove
			□Add
		·	□Remove
		.	□Change
			□Add
			□Remove
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	02/07/2022
ffecti	ve date, if other than the date of filing: (optional) (optional) ective 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
	ective 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 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
an eff vote:	
lote:	ent's effective date on the Department of State's records.
<u> Note:</u>	ent's effective date on the Department of State's records.
Note: locum	ent's effective date on the Department of State's records. I 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
Note: locum	ent's effective date on the Department of State's records. I 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
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Filing Fee: \$25.00