L22000212339

(Danisa da Nama)
, (Requestor's Name)
(Address)
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(Business Entity Name)
(Business Entry Name)
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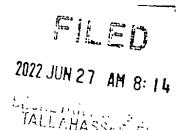
COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: LOVE &	GOLF. LLC		
30tace:: <u>====</u>	Name of Limi	ted Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter (to the following:	
	Corpora	ate Maintenance Lea	ad
		Name of Person	
	Proc	essing Department	
		Firm/Company	
	1	450 Vassar St	<u> </u>
		Address	
		Reno, NV 89502	
	<u></u>	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	ıll:	
Process	ing Department	at (800) 638-2320	
Name o	f Person		: Telephone Number
Enclosed is a check for the	he following amount:		
☑ \$25.00 Filing Fee	S30.00 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)
Regist	ING ADDRESS: ration Section on of Corporations	STREET/COURI Registration Section Division of Corpor	ភា
	ox 6327	Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



LOVE & GOLF, LLC

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

The Articles of Organization for this Limited Liability	Company were filed on 05/0)4/22	and assigned
Florida document number L22000212339	•		
This amendment is submitted to amend the following:	.		
A. If amending name, enter the new name of the lin	nited liability company here	ı:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the design	gnation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:	-		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg	istered office address on o	our records, enter	the name of the new
registered agent and/or the new registered office ad	dress here:		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	a street address	
	City	, Florida	Zi- Code
The state of the s	•		Zip Code
New Registered Agent's Signature, if changing Register			. L. vali al -
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	complete performance of m agent as provided for in Ch rred office address, I hereby	ıy duties, and I am f ıapter 605, F.S. Or .	amiliar with and if this document is

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
MGR	Bridgette Thomas	6616 Holly Heath Drive	
		Riverview, FL 33578	
			_ ☐ Change
			Remove
			□ Change
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Ν/Δ		
Effective date, if other than the date of filing: N/A (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 60 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.	5.0207 (3)(b ted as the	o)
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl b) The 90th day after the record is filed.	ier of:	
Dated June 9th 2022		
Signature of a member or authorized representative of a member		
Patricia Clark		
Faulua Clair		

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Filing Fee: \$25.00