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SECRETARY OF STATE

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COVER LETTER

TO:

	tegistration Se Division of Cor			
SUBJECT	INTO CAS	H GOLFING LLC		•
SUBJECT	l:	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		Matthew J. Wadding		
			Name of Person	
		INTO CASH GOLFING L	LC	
			Firm/Company	
		2325 KENT AVENUE		
- 1		· · · · ·	Address	
		FORT MYERS, FLORIDA	A 33907	
			City/State and Zip Code	
		ITCGOLFING@YAHOO.0		
		E-mail address: (to be used for future annual report noti	fication)
For further	r information c	oncerning this matter, please c	all:	
MATTHE	W J. WADDIS	NG	239 671-4897 at ()	
	Name o	f Person		e Telephone Number
Enclosed i	s a check for th	ne following amount:		
□ \$25.00	9 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)
	lailing Addres Registration S		Street Address: Registration Se	ction
	Division of C		Division of Cor	
	O. Box 632		The Centre of T	
Т	`allahassee, I	⁺L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(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 I Florida document number L22000309741		07/12/2022	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the	e designation "LLC" or the abbrev	ation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Europeta domini			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:		records, <u>enter the name of</u>	the new registered
	2325 KENT AVENUE		
· · · New Registered Office Address:		lorida street address	
	FORT MYERS	, Florida 33907	
	City	, Florida	ip 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.

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
CEO	MATTHEW J. WADDING	2325 KENT AVENUE, FORT MYERS, FL 33907	= Add
			□Remove
			🗆 Change
			□Add
• •			□Remove
			□Change
			□Add
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(If an effect <u>Note:</u> If	tive date is listed, `the date inserte	r than the date the date must be sed in this block d te on the Depart	pecific and c loes not me	annot be prior t et the applica	o date of filing ble statutory f	or more than Stiling require	(option 00 days after firments, this o	ling.) Pursuant t	to 605.0207 (. e listed as tl
			e hut not a	n effective tit	ne, at 12:01 a.	.m. on the ec	ırlier of: (b)	The 90th day	after the
ie record s	specifies a delay I.	yed effective dat	c, our nor a						
ne record s ord is filed		yed effective dat		2022					
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Filing Fee: \$25.00