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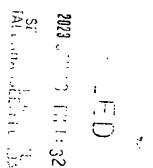
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	rporations	•				
f-36 DO	UBLE LOOP GOLF COURSE	, DESIGN, LUC				
SUBJECT:	Name of Line	acd Fiability Company				
The enclosed Articles of	Amendment and fee(s) are sub-	mutted for filing				
Please return all correspondence	ondence concerning this matter	to the following:				
	Río Valeriano					
		Name of Person		_		
T-36 DOUBLE LOOP GOLF COURSE DESIGN, LLC						
Firm Company						
PO Box 950						
	Address					
	Lenoir City, TN 37771			<u> </u>	2023	
	· · · ·	- 🚣	. :			
	riovaleriano/a ginail com			<u> </u>	 	ı
	F-mail address (to be used for future annual report notific	cation)	; <u>.</u> :=		•
For further information c	concerning this matter, please of				FH № 32	C
Ryan King, Esq.		352 219 - 5351		آب م	32	
Name o	of Person	at (er		
Enclosed is a check for t	he following amount.					
	© \$30.00 Filing Fee & Certificate of Status	☐ \$55 00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific Certifie	Filing Fee, into of Star ed Copy al copy is en	tus &	
<u>Mailing Addre</u> Registration Division of C P.O. Box 631	Section Torporations	Street Address: Registration Sect Division of Corp The Centre of Ta	orations			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		FCQURSE DESIGE		
(Name of the Lim	ited Liability Compa (A Florida I imned	inv as it now appears Liability Company)	on our records.)	·····
The Articles of Organization for this Limited I	liability Company	were filed on	09/30/2022	and assigned
lorida document numberL22000423712				
his amendment is submitted to amend the fol	lowing:			
. If amending name, enter the new name of	of the limited liab	oility company her	<u>.e</u> :	
N A				
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the de	signation "LLC" or th	ic abbreviation "L. L. C."
Enter new principal offices address, if applicable:		N-A		
Principal office address MUST BE A STREET ADDRESS)				
				<u> </u>
Inter new mailing address, if applicable:		N A		<u>.</u>
(Mailing address MAY BE A POST OFFICE BOX)				
				32
 If amending the registered agent and/or gent and/or the new registered office addre 	• *	address on our re	cords, <u>enter the r</u>	rame of the new regist
Name of New Registered Agent:	N-A	••••		
New Registered Office Address:	N A			
		Enter Flori	da street address	
			Florida	
		City		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.

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

Title	Name	Address	Type of Action
AMBR	RIC BUCKTON	7966 Forest Keep Circle	≡ Add
		Parker, CO/80134	FlRemove
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			□Remove PSI Change
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			N/A - Date of filing	r			
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Filing Fee: \$25.00