

L23000281099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

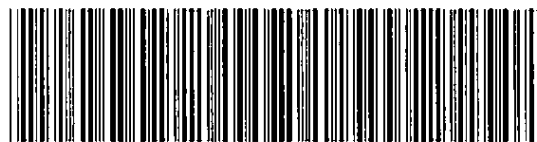
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10/16/23

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OCT 16 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FOREPLAY GOLF SHOP LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ZACHARY PERRON
Name of Person
FOREPLAY GOLF SHOP LLC
Firm/Company
552 CANARY ISLAND CT
Address
ORLANDO, FL 32828
City/State and Zip Code
ZACHPERRON15@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ZACHARY PERRON
Name of Person
at (860) 709-1770
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 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)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FOREPLAY GOLF SHOP LLC

(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 Liability Company were filed on 06/09/2023 and assigned
Florida document number L23000281099.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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 applicable:

(Principal office address MUST BE A STREET ADDRESS)

552 CANARY ISLAND CT

ORLANDO, FL 32828

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

552 CANARY ISLAND CT

ORLANDO, FL 32828

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

552 CANARY ISLAND CT

Enter Florida street address

ORLANDO

City

Florida 32828

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	ZACHARY S STENGER	2975 GRANDEVILLE CIRCLE APT 105	<input type="checkbox"/> Add
		OVIEDO, FL 32765	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ZACHARY S PERRON	2975 GRANDEVILLE CIRCLE APT 105	<input type="checkbox"/> Add
		OVIEDO, FL 32765	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ZACHARY S PERRON	552 CANARY ISLAND CT	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32828	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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(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 605.0207 (3)(b)

Dated 10/16 10/2023

Typed or printed name of signee

Filing Fee: \$25.00