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COVER LETTER

	stration Section sion of Corporations	
SUBJECT:	" Nuaygolf "LLC"	
	Name of Limited Liability Company	
The encloses	Articles of Amendment and fee(s) are submitted for filing.	
Please return	all correspondence concerning this matter to the following:	
	Meredith A Yaun	
	Meredith A Yaun Name of Person Nunggotf "LLC" Firm/Company	
	798 Merdre Park Drive	
	Address	
	Minneola, Fl. 34715	
	Minneola F1. 34715 Chy/State and Zip Code Nucygotf LLC@9Mail 'Com E-mail address' (to be used for future annual report notification)	
	F-mail address (to be used for future annual report notification)	
	formation concerning this matter, please call:	
	Meredith Yaun at (407) 341-1793 Name of Person Area Code Daytime Telephone Number	
	Name of Person Area Code Daytime Telephone Number	
Enclosed is	check for the following amount:	
\$25.00	lling Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

Nuaygolf "LL	C''		
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appear mited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Com Florida document number <u>2004 1573 6 332</u> .	npany were filed on	9/9/2023	and assigned
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company he	ere:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the d	esignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
<u>Principal office address MUST BE A STREET ADDRES</u>	<u> </u>		
Enter new mailing address, if applicable:			2023 OC
Mailing address MAY BE A POST OFFICE BOX)			
		· -	<u></u>
			
3. If amending the registered agent and/or registered of gent and/or the new registered office address here:	ffice address on our r	ecords, enter the name	of the new register
gent and of the new registered office address nere.			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Floi	rida street address	
	Cin	, Florida	Ziv Code
	City		Zip Coae

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 Address Type of Action Name MGR Meredith Your 798 Merdow Park DRIVE BAdd Minneola F1. 34715 Remove AP Rick Your 493 Quail Court DAdd Longs South Carolina Decemove _____ □Change DAN Jaun 60 Jaun Avenue DAdd Liberty, NY 12754 DRemove ☐ Change \Box Add ___ □Remove □Add □Remove □ Change _ □Add

□ Remove

_____ □Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	-
	
•	
•	
-	
(If an ef <u>Note:</u>	ive date, if other than the date of filing:
If the recor	d 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 led.
Dated	10/6/2 2023
	Signature of a member or authorized representative of a member Meredith Vaux
	Meredith Vans

Typed or printed name of signee