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2023 NOV 17 F. 10: UU

13/3/2023

COVER LETTER

TO:

	tion Section of Corpora				
LIBI	BY SMITH	GOLF LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed Artic	cles of Ame	ndment and fee(s) are sub	mitted for filing.		
Please return all co	orresponden	ce concerning this matter	to the following:		
	E	LIZABETH SMITH			
	_		Name of Person		
	L	IBBY SMITH GOLF LL	С		
	-		Firm/Company		
	1	500 KINGSLEY ROAD			
	_		Address	· <u> </u>	
	Ji	UPITER, FL 33469			
	_		City/State and Zip Co	ode	
	LI	BBYSMITHGOLF@GM			
	-	E-mail address: (to be used for future and	nual report notificat	ion)
For further inform	ation conce	ning this matter, please ca	all:		
ELIZABETH SM	ІТН		802 at ()	373-3233	
1	Name of Pers	on	Area Code	Daytime Te	lephone Number
Enclosed is a chec	k for the fol	lowing amount:			
■ \$25.00 Filing	Fee 🗆	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing F Certified Copy (additional copy is	y	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing /	Address: ition Secti	on		<u>d Address:</u> istration Section	nn
	of Corpo			sion of Corpor	
P.O. Bo	x 6327		The	Centre of Talla	ahassee
Tallahas	ssee, FL 3	2314	2415	N. Monroe S	treet, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIBBY SMITH GOLF LLC

2023 NOV 17 AM 10: 00

	ted Liability Company as it now as (A Florida Limited Liability Compa	iny)
The Articles of Organization for this Limited L. Florida document number <u>L23000475872</u>	iability Company were filed o	10/17/2023 and assigned
This amendment is submitted to amend the foll	lowing:	
A. If amending name, enter the new name o	f the limited liability compa	ıy 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 appli	cable:	
(Principal office address MUST BE A STRE)	ET ADDRESS)	
The second state of the second control of th		
-	<u></u>	
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or	registered office address on	our records, <u>enter the name of the new reg</u>
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or	registered office address on	our records, <u>enter the name of the new reg</u>
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address	registered office address on ess here: ELIZABETH SMITH 1500 KINGSLEY ROAD	
Name of New Registered Agent:	registered office address on ess here: ELIZABETH SMITH 1500 KINGSLEY ROAD	our records, enter the name of the new region of

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.

Ety Litt Att

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>	Type of Action
MGR	ELIZABETH SMITH	1500 KINGSLEY ROAD	
		JUPITER FLORIDA 33469	□Remove
MGR	LIBBY SMITH	1500 KINGSLEY ROAD	□Add
		JUPITER FLORIDA 33469	■Remove
			Change
			□ Add
			□ Remove
			☐ Change
			□Add
			□Change
			Remove
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	if other than	the date of filiz	10/17/2023			(optional)	
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Effective date	te inserted in thi	s block does not: e Department of	meet the applica State's records.	DIE SIMULOTY III	ing reduitemen	na, una quie min	1101 00 112100 11
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