L24000151262

(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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2024 MAY 15 AM 9:53
TALLAHASSEE, FLORIDA

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 05/14/2024

WALK IN

ENTITY NAME SHOTCRAFT GOLF, LLC

DOCUMENT NUMBER _____

PLEASE FILE THE ATTACHED AND RETURN

_____ *Plain Copy*

_____ *Certified Copy*

XXXXXXXXX *Certificate of Status*

_____ _____

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TALLAHASSEE, FLORIDA

PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY

_____ *Certified Copy of Arts & Amendments*

_____ *Certificate of Good Standing*

_____ _____

APOSTILLE' / NOTARIAL CERTIFICATION

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED $30 ACCOUNT #: I20160000072

Please call Tina at the above number for any issues or concerns. ***Thank you*** *so much!*

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: SHOTCRAFT GOLF, 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:

Peter Hoppenfeld, Esq
Name of Person

Law Firm of Peter Hoppenfeld
Firm/Company

172 East Boston Post Road
Address

Mamaroneck, NY 10543
City/State and Zip Code

phoppenfeld@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter Hoppenfeld at (914) 629-3709
Name of Person — 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2024 MAY 15 AM 9:53

TALLAHASSEE, FLORIDA

SHOTCRAFT GOLF, 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 MARCH 28, 2024 and assigned Florida document number L24000151262.

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)

4300 W LAKE MARY BLVD.
SUITE 1010-371
LAKE MARY, FL 32746

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

4300 W LAKE MARY BLVD.
SUITE 1010-371
LAKE MARY, FL 32746

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: _____
Enter Florida 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 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

Title	Name	Address	Type of Action
MRG	JOSH EATON	121 YELLOW BILL LANE	☐ Add
		PONTE VEDRA BEACH FL 32082	☒ Remove
			☐ Change
MGR	JOSHUA EATON	121 YELLOW BILL LANE	☒ Add
		PONTE VEDRA BEACH FL 32082	☐ Remove
			☐ Change
MGR	JENNIFER L EATON	121 YELLOW BILL LANE	☐ Add
		PONTE VEDRA BEACH FL 32082	☒ Remove
			☐ Change
MGR	JENNIFER EATON	121 YELLOW BILL LANE	☒ Add
		PONTE VEDRA BEACH FL 32082	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. **If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FLORIDA

E. **Effective date, if other than the date of filing:** MARCH 28, 2024 **(optional)**

(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))

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated MAY 8 2024

Signature of a member or authorized representative of a member

PETER HOPPENSTEDT

Typed or printed name of signer

Filing Fee: $25.00