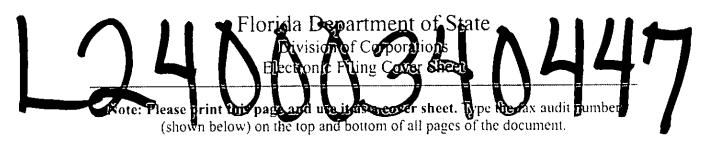
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Division of Corporations



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M. SOLOMON

OCT 2 1 2024

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Help

COVER LETTER

TO: Registration Division of O	Section Corporations		
	GOING GOLF BALL RETRIEVA	L/ GOLF GALORE LLC	
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are subn	nitted for filing.	
Please return all corre	spondence concerning this matter t	o the following:	
	Mike Town		
		Name of Person	
	Legalzoom.com, Inc.		
		Firm Company	20
	9900 Spectrum Dr		24 0C1
		Address	~ ~ ~ ~
	Austin, TX 78717		
	terryterrette@yahoo.com	City/State and Zip Code	2024 OCT 21 LM 10: 36 SECKLE LIKY OF STATE TALL AHASSEE, FL
	E-mail address. (to	o be used for future annual report noti	
For further information	on concerning this matter, please ca	II:	
Mike Town		800 773-0888 at ()	
Nan	ne of Person	Area Code Daytim	e Felephone Number
Enclosed is a check for	or the following amount:		
S25.00 Filing Fee		■ \$55.00 Filing Fee & Certified Copy (additional copy is circlesed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Reg	AILING ADDRESS: pstration Section ision of Corporations	STREET/COURI Registration Section Division of Corpor	ា៧

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle Fallahassee, FL 32301

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EASY GOING GOLF BALL RETRIEVAL! GOLF GALORE 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 $\frac{08.02/2024}{}$ ____ and assigned Florida document number 1.24000340447 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Just Like New Golf Balls LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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.

ff 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>	Name	Address	Type of Action
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