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PICK-UP WAIT MAIL	
(Business Entity Name)	<u>·</u>
(Business Entity Name)	ŧ.
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JUN - 5,2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Elite Golf Cruises, 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:			
Jennifer Coombs			
Elite Goif Cruises, LLC			
1305 Shotgun Road			
Suncise FL 33326 FE &			
City/State and Zip Code			
The state of the s			
Tennifer Coombs Name of Person Area Code & Daytime Telephone Number Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certificate of Status \$\ \text{Certified Copy} \ \text{(additional copy is enclosed)}\$\$ Certificate of Status \$\text{Certified Copy} \ \text{(additional copy is enclosed)}\$\$ Certified Copy \ \text{(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

Elite Golf Cru	iises LLC
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Companies Florida document number 1000000000000000000000000000000000000	62/02/2000
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and end with the words "Lin" L.L.C."	mited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	7200 TASI
(Principal office address MUST BE A STREET ADDRESS)	LAR A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	TARY OF STATE ASSEE, FLORIDA
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our records, enter the name of the new ere:
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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Type of Action Title Name Address** O'Shea, Richard P. MGMR □ Add □ Remove Carter, Kenneth L. m<u>GMR</u> □ Add ☐ Remove Ex Change ☐ Add ☐ Remove San Add ☐ Remove ☐ Add ☐ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) nature of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00