P00000049717

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: One-Putt Enterpris	es, Inc.			
DOCUMENT NUMB	BER: P00000049717				
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	David Saliwanchik				
-		Name of Contact Persor	<u> </u>		
	One-Putt Enterprises, Inc.				
-	Firm/ Company				
	P.O.Box 142950				
-	Address				
1	Gainesville, FL 32614				
-		City/ State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
For further information	E-mail address: (to be us	ed for future annual report	notification)		
David Saliwanchik		at (352	375-8100		
Name o	f Contact Person	Area Coo	375-8100 de & Daytime Telephone Number		
Enclosed is a check for	the following amount made [payable to the Florida Depa	rtment of State;		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle		

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

		 		
	ntly filed with the Florida Dept. of Stat	<u>e</u>)		
One-Putt Enterprises, Inc. (P00000049717)				
(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the	following	g amenc	lment(s)
A. If amending name, enter the new name of the corporation:				
			_The i	<i>iew</i>
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation nam	or the al ie must c	bbreviai contain	tion the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)				_
				_
			(2)	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		b) 4,	<u> </u>	pandan.
(Mailing address MAT BE A POST OFFICE BOX)		.	1	
		<u> </u>	_ڡ_	~ !
	<u> </u>	1° 40,		
If amonding the resistance areas and an electrical afficial a	down in Florida, and the many of the	4.5	Ö	الموسيدة
 If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre 		W.	24	
Name of New Registered Agent		***		
(Florida s	street address)			
New Registered Office Address:	, Florida			
The state of the s	(City)	(Zip C	Code)	-
Naw Dogictored Agentle Signature if the aging Decisioned 4 and				
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familian		osition.		
C: (A)	Projectional Apont if shauging			

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President. Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>be</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
_X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	DS	_	Corey K. Cho	3107 SW Williston Road
X Add				Gainesville, FL 32607
Remove				
2) X Change	D		Frank C. Eisenschenk	3107 SW Williston Road
Add				Gainesville, FL 32607
Remove				
3) Change		_		
Add				
Remove				
4) Change		-		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
.,	

The date of each amendmen		, if other than the
date this document was signed Effective date if applicable:	April 1, 2016	
manymeaste.	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date he Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	t
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Signature _ (E se	By a director, president or other office—if directors or officers have not been elected, by an incorporator—if in the hands of a receiver, trustee, or other court prointed fiduciary by that fiduciary)	
	Frank C. Eisenschenk	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	