# P02000046228

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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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TO: Amendment Section

#### COVER LETTER

Division of Corpo	orations		•	
NAME OF CORPOR	RATION: LEGACY GATOR	R GOLF INC		
DOCUMENT NUMI	TAGASAA 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			
The enclosed Articles	of Amendment and fee are su	bmitted for filing,	·	
Please return all corres	spondence concerning this ma	iter to the following:		
	BARRY COHAN			
		Name of Contact Person	1	
	LEGACY GATOR GOLF IN	IC .		
		Firm/ Company		
	1453 N US HWY 1 STE 27		•	
	·	Address	,	
	ORMOND BEACH FL 3217	14		
		City/ State and Zip Cod		
	GaFlONGERLO	amsw. (or	1 (All Lower CASO)	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
BARRY COHAN		at (386	672-8049	
Name o	of Contact Person	Area Co	de & Daytimo Telephone Number	
Enclosed is a check for	r the following amount made ;	payable to the Florida Depa	artment 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)	
	ling Address		Address	
Amendment Section Division of Corporations		•	Iment Section on of Corporations	
P.O. Box 6327		Clifton Building		

Tallahassce, FL 32314

2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation of

#### LEGACY GATOR GOLF, INC

### (Name of Corporation as currently filed with the Florida Dept. of State)

#### P02000046228

ent(s) to

(Doc	ument Number of Corpo	oration (if known)		
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	ida Statutes, this <i>Florid</i> e	a Profit Corporation	adopts the following am	endme
A. If amending name, enter the new name of the	corporation:			
			The	new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the contains the word "chartered," "professional association," or the contains the word "chartered," "professional association," or the contains th	rp," "Inc," or "Co".	ompany," or "inco A professional corp	rporated" or the abbrev	viation
B. Enter new principal office address, if applicate (Principal office address MUST BE A STREET AL	ole: ODRESS )			
	_			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE In	<u></u>			
D. If amending the registered agent and/or registered agent and/or the new registered	tered office address in ed office address:	Florida, enter the t	name of the	
Name of New Registered Agent				
		•		
	(Florida street add	ressj		
New Registered Office Address:			, Florida	
THE STATE OF THE S	(City)		(Zip Code)	
New Registered Agent's Signature, if changing R				
I hereby accept the appointment as registered agent	. I am familiar with an	d accept the obligat	ions of the position.	
	CAL Description			
Sig	gnature of New Register	rea Agent, ij changir	lg .	

Page 1 of 4

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 Doc	
X Remove	<u>y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	T	RICK COHAN	1453 N US HWY 1 STE 27
X Add		•	ORMOND BEACH FL 32174
Remove	•		
2) Change			<u> </u>
Add			
Remove			
3) Change		<u></u>	
Add .		•	
Remove			
4) Change			
Add			
Remove			
5) Change			
Add		•	
Remove			
6) Change		<u> </u>	
Add			
Damova			

Attach additional sheets, if	litional Articles, enter chi necessary). (Be specific)			
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,j.				
	<u> </u>			
f an amendment provides	for an exchange, reclassi	ification, or cancella	tion of issued shares.	
provisions for implement	ing the amendment if not	contained in the am	iendment itself:	
(if not applicable, indi	cate N/A)			
		***		
SE.				

The date of each amendment(s) date this document was signed.	adoption:	if other than t
, , – .	29/2016	
	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as ti
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendmental ufficient for approval.	nb(\$)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following state reach voting group entitled to vote separately on the amendment(s):	yment .
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	,"	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareho	ılder
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	•
Dated X	-29-1(0	·
Signature	San S. Chor	
(By a select	director, president or other officer - if directors or officers have not be ed, by an incorporator - if in the hands of a receiver, trustee, or other content of fiduciary by that fiduciary)	en ourt
	BARRY COHAN	
	(Typed or printed name of person signing)	
•	PRESIDENT / DIRECTOR	
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·