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## **COVER LETTER**

Division of Corporations				
NAME OF CORPORATION: Mc Clanan Golf Instructions Inc.				
DOCUMENT NUMBER: 702000105515				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Patricia Mc Claren Striver  Name of Contact Person				
McClanan Golf Instructions, Inc.				
109 Crestwood Lane				
Largy, FL 33770 City/ State and Zip Code				
Patricular Shriver a Pga . com  E-mail address: (to be used for future annual report polification)				
For further information concerning this matter, please call:  Pat WCClarus Shriver at (721) 480-9049  Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee \& Certificate of Status \$\Bigcup \\$Additional copy is enclosed\$\Bigcup \\$60 \Bigcup \\$52.50 Filing Fee \\ Certificate of Status \\ (Additional copy is enclosed) \\ (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building				

Tallahassee, FL 32301

2661 Executive Center Circle

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of OP JUN 15 PH 3: 49 On as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

If amending name, enter the new name of MCCLMM Golf	Instruction,	Inc.	(no s
me must be distinguishable and contain the breviation "Corp.," "Inc.," or Co.," or the come must contain the word "chartered," "professions"	designation "Corp," "Inc,"		ional corporation
Enter new principal office address, if applirincipal office address MUST BE A STREET			
			· 
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>E BOX</u> )		
If amending the registered agent and/or re new registered agent and/or the new regist		Florida, enter the na	me of the
Name of New Registered Agent:			
New Registered Office Address:	(Florida street ad	dress)	
-	(City)	, Florida (Zip Code)	· ·
w Registered Agent's Signature, if changing ereby accept the appointment as registered ag	g Registered Agent: gent. I am familiar with an	d accept the obligation	ns of the position.
	anature of New Registered	Agent if changing	

removed an	the Officers and/or Directors, entered title, name, and address of each Officers if necessary)	r the title and name of each officer fficer and/or Director being added	director being
Title P	William S. Shrive	r 109 Crestwood L Largo, Ft 337	Type of Action Add Remove
	·	0,	
			Add Remove
provisio	nendment provides for an exchange, ons for implementing the amendmen of applicable, indicate N/A)		
	1.40.100.00		
, , , , , , , , , , , , , , , , , , , ,			
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The date of each amendment	
Effective date if applicable:	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
The amendment(s) was/wer must be separately provided	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	east for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder .
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	June 11, 2009
Signature	By MG Stimer
selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)
	Patricia McClauan Shriver
	(Typed or printed name of person signing)
	Tresident
	(Title of person signing)