

L23000023222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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330 CLARE DRIVE
ALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

LEASE USE FUNDS FROM ACCT: I20210000160 AMOUNT: \$ \$25.00

AUTHORIZATION: *Jim Fall*

CLUB DYNASTY JACKSONVILLE LLC L23000023222

Business Name

Document Number, (if known):

☐ Walk in

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☐ Certified Copy of Articles of Organization

☐ Certificate of Status

NEW FILINGS

☐ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ Other

☐ **CORP**

☐ **PLLC**

AMMENDMENTS

☒ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ **Conversion**

☐ Amended and restated Articles

Statement of Authority

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ Foreign filing

☐ Limited Partnership

☐ Reinstatement

APOSTIL() ☐

Country

☐ Other

INITIALS: _____

REGISTRATION/QUALIFICATIONS

330 CLARE DRIVE
ALLAHASSEE, FL. 32309
(50) 524-5437
(50) 524-6243

LEASE USE FUNDS FROM ACCT: 120210000160 AMOUNT: \$ \$25.00

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Annual Report
Fictitious Name

REGISTRATION/QUALIFICATIONS

Foreign filing
Limited Partnership
Reinstatement

APOSTIL()
Country

Other

OWNER'S INITIALS: _____

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2023 JAN 23 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FL

Club Dynasty Jacksonville LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 1/20/23 and assigned
a document number L23000023222

Amendment is submitted to amend the following:

Amending name, enter the new name of the limited liability company here:

New name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

New principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

6347 Philips Hwy
Jacksonville, FL 32216

New mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

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

_____, Florida _____
City Zip Code

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 understand 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.

If Changing Registered Agent, Signature of New Registered Agent

= Manager
R = Authorized Member

R = Authorized Member

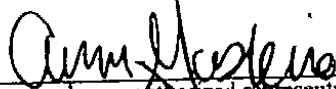
_____ ☐ Change

amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Effective date, if other than the date of filing: 1/20/23 (optional)
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the document is filed.

Dated January 23, 2023.



Signature of a member or authorized representative of a member

Ann Gaskins

Typed or printed name of signee

Filing Fee: \$25.00