## LIU 0000 43121

Office Use Only



300384499373

03/28/22--01012--009-7.##**6060**0

4-12:00

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	Golf Car & Utility	Vehicle Distributors, LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	emitted for filing.		
Please return all corres	spondence concerning this matter	to the following:		
•		James C. Evans		
		Name of Person		
	Golf Ca	ar & Utility Vehicle Distributors, LLC		
	<del></del>	Firm/Company		
13551 SW 132 Avenue				
Address				
		Miami, Florida 33186		
City/State and Zip Code				
jevans@tropicars.com				
	E-mail address: (	to be used for future annual report notification)		
For further information	n concerning this matter, please c	all:		
Wil	l Litwin	305 255-6973		
Nam	e of Person	Area Code Daytime Telephone Number		
Enclosed is a check fo	r the following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee Certificate of State Certified Copy (additional copy is enclosed)	itus &	
Mailing Add Registration	n Section	Street Address: Registration Section		
Division of P.O. Box 6.	Corporations	Division of Corporations The Centre of Tallahassee		
	527 e, FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Golf Car & Utility Vehicle Distributors, 1	LLC	
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Company were filed on _	04/22/2010	and assigned
Florida document numberL10000043121		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company b	here:	
Tropicars, LLC		
The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the a	bbreviation "LaL.C."
Enter new principal offices address, if applicable:		~
Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
Enter new mailing address, if applicable:		( <del>)</del>
Mailing address MAY BE A POST OFFICE BOX)		2 G
Maning address MAT DE ATOST OTTICE BOA	-	<del></del>
3. If amending the registered agent and/or registered office address on our gent and/or the new registered office address here:	records, enter the nan	ne of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	orida 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 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Adđ
			□Remove
			☐Add
			☐ Remove
			□Ghange
		<del></del>	□ Change
		<del></del>	
			Remove
			Remove
			□Change
			Remove
			□Change

						<del></del>
-						
			<del></del>			
	· · · · · · · · · · · · · · · · · · ·			-		
	· · · · · · · · · · · · · · · · · · ·			<u> </u>		
					<del></del>	
	·					
					· · · · · · · · · · · · · · · · · · ·	
			. <u>-</u>		-	202
						·
						7. C
				<u> </u>		
						<del></del>
			<u></u>			
						•
				· <u>-</u>		
				<u> </u>	<del></del>	
			April I,	2022		
i effective dat	e, if other than the date to is listed, the date must be sp	ecific and cannot	be prior to date of	filing or more than	(optional 90 days after filin	g.) Pursuant to 605.
	ate inserted in this block defective date on the Department			utory filing requir	ements, this dat	e will not be liste
cord specifi s filed.	ies a delayed effective date	but not an effe	ective time, at 13	2:01 a.m. on the e	arlier of: (b) T	'he 90th day after
ed	March 22	202:	2			
		1	1/2_	_		
	Signa	urc/of a member	or authorized ren	resentative of a mer	pher	
	Signa	ur 901 a jucimber	o,	resonante of a mer		

Filing Fee: \$25.00