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SECRETARY OF STATE

## **COVER LETTER**

Registration Section

TO:

Division of Corporations						
CUBIFCT.	SLAS OF SC	OUTH FLORIDA LLC				
Name of Limited Liability Company						
	of Amendment and fee(s) are sul	_				
Please return all corres	pondence concerning this matter	to the following:				
	GA	GABRIELA D. GONZALEZ				
		Name of Person				
Firm/Company						
	13690 SW 142ND AVE #28					
	Address					
	MIAMI, FL 33186					
	City/State and Zip Code					
	SLAS E-mail address: (	SINC@BELLSOUTH.NET to be used for future annual report notific	ation)			
For further information	concerning this matter, please of	·				
GABRIE	ELA D. GONZALEŻ	ai( <u>+-+</u> )	244-5820			
Name of Person		Area Code & Daytime Telephone Number				
Enclosed is a check for	the following amount:					
,\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)			
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURIE Registration Section Division of Corpora				
		Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## SLAS OF SOUTH FLORIDA LLC

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

The Articles of Organization for this Limited Liability Compan	y were filed on	11/12/2010	and assigned
Florida document number L10000117880			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company he	re:	
G GOLF C	ART LLC		
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable: 13690 SW 142ND AVE #28			
(Principal office address MUST BE A STREET ADDRESS)	RESS) MIAMI, FL 33186 USA		
		<u> </u>	
Enter new mailing address, if applicable: 13690 SW 1421		2ND AVE #28	
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33	3186 USA	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on o	our records, enter th	ne name of the new
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:			
	Enter Florida 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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Address</u> **Type of Action** <u>Title</u> <u>Name</u> MGR MARIA TERESA CANOVAS 7386 SW 152ND AVE Add Remove MIAMI, FL 33193 USA EDEL GONZALEZ MGR 13690 SW 142ND AVE #28 Remove MIAMI, FL 33186 USA ☐ Add Remove ∏ Add Remove ∏Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Update MANAGER GABRIELA D. GONZALEZ new mailing address: 13690 SW 142ND AVE #28, MIAMI-FL 33186 USA JULY 27TH Dated \_\_\_\_ Signature of a member or authorized representative of a member GONZALEZ Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00