# L1300135243

(Requestor's Name)		
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(City/State/Zip/Phone #)		
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### **COVER LETTER**

TO: Registration Section
Division of Corporations

# TITAN GOLF CARTS OF THE VILLAGES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

# **CHASE R FRYE**

Name of Person

Firm/Company

802 SAN CARLOS CT

Address

LADY LAKE, FL 32159

City/State and Zip Code

SKIPPERJIF@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**CHASE FRYE** 

ູ, 352、459-5193

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)

□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

W. LA

**MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### TITAN GOLF CARTS OF THE VILLAGES LLC

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

(	a company)	
The Articles of Organization for this Limited Liability	Company were filed on 9/25/13	and assigned
Florida document numberL13000135243		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
WHOLESALE GOLF CARTS LLC	_	
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability Company," the designa	Fig. 7
Enter new principal offices address, if applicable:		美国 星
(Principal office address MUST BE A STREET ADD	DRESS)	
		(1975 <b>년</b> 영화
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
	, Flori	da Zip Code
	City	Zip Couc

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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	SCOTT JEZOWSKI	5141 GROVE MANOR	
		LADY LAKE, FL 32159	Remove
			_
			Add
			Remove
			200 Add 7
		187 60 91 171	Remove
			S S Add
			Remove
			Add
			Remove
			Add
			Remove

), If,aı	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
ated	10-28-13
_	Quit de la companya della companya d
	Signature of a member or authorized representative of a member
	CHASE R FRYE
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE