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(Requestor's Name)				
(Address)				
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

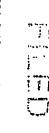
Office Use Only



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2024 AUG 16 PM 1: 15 SECRETARY OF STATE TALLAHASSEE, FL



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COVER LETTER

	Registration Se Division of Cor				
CHD IEC	Savage & S	Savage L.I.,C.,			
SUBJEC	. l :	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub			
Please re	turn ali correspo	ondence concerning this matter	to the following:		
		Robert P Savage			
			Name of Person		
		Golf Carts of Saint August	ine		
			Firm/Company		•
5960 US Hwy 1 N.					_
			Address		
		St Augustine, FL, 32095			2021 SE
	City/State and Zip Code staugustinecarts@gmail.com				AUG I CRETA
For furth	er information c	E-mail address: (oncerning this matter, please c	to be used for future annual reposall:	ort notification)	2074 AUG 16 PH 1: 15 SECRETARY OF STATE TALLAHASSEE, FL
Robert P	Savage		904 810-16 at ()	006	1: 15 STAT
	Name o	f Person		Daytime Telephone Number	
Enclosed	is a check for the	he following amount:			
□ \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	d) Certified	te of Status &

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Savage & Savage LLC			_
(<u>Name of the Limited Liability Co</u> r (A Florida Limit	mpany as it now appears on our (ted Liability Company)	records.)	
The Articles of Organization for this Limited Liability Compa	any were filed on 6/30/2018		_ and assigned
This amendment is submitted to amend the following:			
(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 Company were filed on 630-2018			
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation	"LLC" or the abbro	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	2		
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here:	ce address on our records,	enter the name o	of the new registered
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 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 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
AMBR	Joshua C. Bierer	210 Pasco Terraza, Unit 403, St. Augustine Fl. 3209:	5 ≣ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			BECRICALLY AT STA
			HASTAN STAME
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	
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HARV 16	
SS ON PR	-
E. Effective date, if other than the date of filing: (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 6.05.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be fisted a document's effective date on the Department of State's records.	n 7 (3)(b)
f the 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 ecord is filed.	e
Dated \(\frac{8-12-207-4}{} \)	
RORA	
Signature of a member or authorized representative of a member	
Robert P Savage Typed or printed name of signee	

•

Filing Fee: \$25.00