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JAN 30 ZOLE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Karabec Kreations 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:
Latherine Karabec Name of Person
Firm/Company
4564 CR 1036
Address
0x-ford FL 24785
OX-food FL 24785 City/State and Zip Code K-crabec Kart 5 @ Oma 1, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Katherine Karabec at 919, 349.6391 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Sign Sign Sign Sign Sign Sign Sign Sign

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

<u>Karabec Kre</u>	ations UC	
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our rida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabilit	v Company were filed on 7/28	and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the	imited liability company here:	
Superior Performance The new hame must be distinguishable and contain the words."	Golf Karts and Limited Liability Company," the designation	SV5 Of Florida, LLC n"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
		71 70 T
F.A		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
Minning address MAT BE A FOST OFFICE BOA		> 01 ∞
B. If amending the registered agent and/or re registered agent and/or the new registered office a	<u>.</u>	ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	
_	City	, Florida
	·	•

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
			
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ective date, if other than the date of filing:	(antional)	
n effective date is listed, the date must be specific and cannot be prior to dat	c of filing or more than 90 days	after filing.) Pursu	
<u>ote:</u> If the date inserted in this block does not meet the applicable sument's effective date on the Department of State's records.	statutory ming requirements	s, this date will b	ot de fisiet
record specifies a delayed effective date, but not an The 90th day after the record is filed.	effective time, at 12:	01 a.m. on th	e earlie
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nted 1 24 . 2018.			
' , <i>J</i> ,	0		
	representative of a member		

Page 3 of 3

Filing Fee: \$25.00