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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER _

Division of Co	rporations					
SUBJECT: American	Boys Golf Carts LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Peter DiNovo					
	Name of Person					
	Firm/Company					
	2730 Micah Drive					
		Address				
	Trinity Florida 34655 City/State and Zip Code dinovogolfcarts@gmail.com					
	E-mail address: (to be used for future annual report notification)					
or further information of	concerning this matter, please c	all:				
Peter DiNovo		518 961-0404 at ()				
Name of Person		Area Code Daytime	Telephone Number			
iclosed is a check for t	he 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)			

MAILING ADDRESS:

TO:

, Registration Section

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

American Boys	Golf Carts LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000173578</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
DiNovo Golf Carts LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11339 Challenger	
(Principal office address MUST BE A STREET ADDRESS)	Unit 103	<u> </u>
	Odessa Florida 33556	ALL C
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>)		FILED NO 25 PM 2: 40 ANNASSEE, FLORIDA
If amending the registered agent and/or registered of gistered agent and/or the new registered office address here	-	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Floric	da
	City	Zip Code
Registered Agent's Signature, if changing Registered Agent:		

eby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and of the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability any 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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			☐ Remove
			☐ Change
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			☐ Remove
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E. Effective	e date, if other than t	he date of filing		te of filing or more than 90	_ (optional)		
(If an effect	tive date is listed, the date to the date inserted in this	must be specific and block does not n	cannot be prior to di neet the applicable	te of filing or more than 90- statutory filing requirem	days after filing.) l ents athis date w	ursuant to 6 ill not be li	05,0207 (3)(sted as the
	it's effective date on the			statutory minig requirem	ents. this dite w	111 1100 00 11	sica as me
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	///	<u> </u>		d representative of a membe			
	/ / -	Signature of a r	nember or authorize	d representative of a member	:r		
	Datos DiN						
	Peter DiNovo			· , , , , , , , , , , , , , , , , , , ,			
			Typed or printed na	me of signee	_		

Page 3 of 3

Filing Fee: \$25.00