

L18000064814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

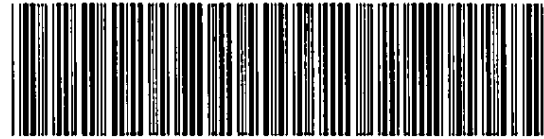
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700313358737

05/17/18--01003--005 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 MAY 17 AM 10:58

N COOPER

MAY 18 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Golf Car Rentals 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:

Shannon Stahlin

Name of Person

Direct Incorporation

Firm/Company

315 W Huron St. Ste 240

Address

Ann Aror, MI 48103

City/State and Zip Code

documents@directincorp.com

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

For further information concerning this matter, please call:

Shannon Stahlin

877 281-6496  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**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

Golf Car Rentals LLC

Page 1 of 3

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>         | <u>Address</u>                     | <u>Type of Action</u>                      |
|--------------|---------------------|------------------------------------|--|
| AMBR         | John Carson         | 6901 SW Okeechobee Blvd. Ste D5-F1 | <input type="checkbox"/> Add               |
|              |                     | West Palm Beach, FL                | <input checked="" type="checkbox"/> Remove |
|              |                     | 33411                              | <input type="checkbox"/> Change            |
| AMBR         | Holly Joyce Carlson | 6901 SW Okeechobee Blvd. Ste D5-F1 | <input type="checkbox"/> Add               |
|              |                     | West Palm Beach, FL                | <input type="checkbox"/> Remove            |
|              |                     | 33411                              | <input type="checkbox"/> Change            |
|              |                     |                                    | <input checked="" type="checkbox"/> Add    |
|              |                     |                                    | <input type="checkbox"/> Remove            |
|              |                     |                                    | <input type="checkbox"/> Change            |
|              |                     |                                    | <input type="checkbox"/> Add               |
|              |                     |                                    | <input type="checkbox"/> Remove            |
|              |                     |                                    | <input type="checkbox"/> Change            |
|              |                     |                                    | <input type="checkbox"/> Add               |
|              |                     |                                    | <input type="checkbox"/> Remove            |
|              |                     |                                    | <input type="checkbox"/> Change            |
|              |                     |                                    | <input type="checkbox"/> Add               |
|              |                     |                                    | <input type="checkbox"/> Remove            |
|              |                     |                                    | <input type="checkbox"/> Change            |

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 MAY 17 AM 10:58

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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 to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated May 7th, 2018

Marge Royals  
Signature

Signature of a member or authorized representative of a member

## Margo Royals

Typed or printed name of signee