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(Re	equestor's Name)	
(Ac	ldress)	
		
(Ac	idress)	
(Ci	ty/State/Zip/Phone #	P)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)
(Dc	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATIONS

N COOPER MAY 18 2018

COVER LETTER

TO: Registration Se Division of Cor			
Golf Car Re			
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence 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@directineorp.co	om to be used for future annual report notif	(estion)
For further information of	concerning this matter, please ca		cationy
Shannon Stahlin		877 281-6496 at ()_	
Name (of Person	Area Code Daytime	Telephone Number
Enclosed 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:

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 ARTICLES OF ORGANIZATION **OF**

Golf Car Rentals LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records. I Liability Company))
The Articles of Organization for this Limited Liability Compan	y were filed on 03/12/2018	and assigned
Florida document number L18000064814		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lia</u>	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		e:
(Principal office address MUST BE A STREET ADDRESS)		
		M SEC
		Y OF F
Enter new mailing address, if applicable:		7 CX E
(Mailing address MAY BE A POST OFFICE BOX)		POR
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	City	Zip Code

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
AMBR	John Carson	6901 SW Okeechobee Blvd. Ste D5-F1	
		West Palm Beach, FL	■ Remove
		33411	
AMBR	Holly Joyce Carlson	6901 SW Okeechobee Blvd. Ste D5-F1	
		West Palm Beach, FL	☐ Remove
		33411	□ Change
			⊟ Add
			□ Remove
			Change
			🗆 Add
			Remove
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ctive date, if other than the		ot be prior to date of	iling or more than 90 d	_ (optional) ays after filing.) Pursuant	t to 605.02
e: If the date inserted in this iment's effective date on the	block does not meet tl	he applicable statu			
record specifies a delayone 90th day after the re	ed effective date, ecord is filed.	but not an effe	ective time, at 1	2:01 a.m. on the	earlier
ed May 7th	. 20	18			
0	Λ		esentative of a membe		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00