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COVER LETTER

TO:

	istration Se ision of Cor			
our mon	PETE PAG	LIARO LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		PETE PAGLIARO		
			Name of Person	
		PETE PAGLIARO LLC		
			Firm/Company	
		12123 77TH PL N		
			Address	
		WEST PALM BEACH, FI	33412	
			City/State and Zip Code	
		MRITALY07@HOTMAIL		o'E-ri-
For further in	nformation c	e-mail address: (oncerning this matter, please c	to be used for future annual report no all:	uncacion)
Pete Pagliare	υ		561 644-5100	
	Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is a	a check for th	ne following amount:		
□ \$25.00 J	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)
	iling Addres		Street Address: Registration S	ection
Di	vision of C	orporations	Division of Co	orporations
	D. Box 632		The Centre of	
l'a	llahassee, l	L 32314	2415 N. Monn	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

PETE	PAGL	.IARO	LLC
------	------	-------	-----

(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited I	iability Company	were filed on 03/23/201	8	an	d assi	gned
Florida document number L18000075285						
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name	of the limited liab	ility company here:				
PREMIUM GOLF CARTS LLC						
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designati	on "LLC" or th	e abbreviatio	on "L.L	C."
Enter new principal offices address, if applicable:		12123 77TH PL N				
Principal office address MUST BE A STREET ADDRESS)		WEST PALM BEACH	I, FL 33412	·n 5	21	
	· · · · · · · · · · · · · · · · · · ·			30.00	3	
				1 2	Ē	<u> </u>
Enter new mailing address, if applicable:		12123 77TH PL N			7	F-
(Mailing address MAY BE A POST OFFICE	BOX)	WEST PALM BEACH	l, FL 33412	SSE TOP	PK	m
						U
					از ن	
B. If amending the registered agent and/or	C)	address on our records	, enter the n	ame of the	e new	registe
agent and/or the new registered office addre	ess nere:					
Name of New Registered Agent:	Name of New Registered Agent: SAME AS OR					
New Registered Office Address:	12123 77TH PI	_ N				
	-	Enter Florida stre	et address			
	WEST PALM I	ВЕАСН	, Florida	33412		
		City	•	Zip (ode	

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
			□Add
			□Remove
			☐Change
			□Add
			□Remove
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an effective da lote: If the d	fective date on the Dep	partment of State's r	ecords.	ming requirements, th	is date will not be listed as
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Filing Fee: \$25.00