

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





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COVER LETTER

то:	Registration Se Division of Cor			
ern in	Christy's Go	olf Carts, LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub-	<u>-</u>	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Edward W. Soulsby		
			Name of Person	
		Trotter & Soulsby, P.A.		
			Firm/Company	
		11834 County Road 101, S	Suite 100	
			Address	
		The Villages, Florida 3216	2	
		ed@trotterlaw.com	City/State and Zip Code	
		E-mail address: ()	to be used for future annual report noti	fication)
For furt	her information co	oncerning this matter, please or	all:	
Edward	W. Soulsby		352 205-7245	
	Name of	l'Person	Area Code Daytim	e Telephone Number
Enclose	d is a check for th	e 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 TO ARTICLES OF ORGANIZATION OF

Liability Company as it now appears Florida Limited Liability Company)	on our records.)
, , ,	
ility Company were filed on Octo	ober 9, 2018 and assigned
	
ing:	
ie limited liability company her	e:
	<u>-</u> ·
ls "Limited Liability Company" the de-	ignation "LLC" or the abbreviation "LLC"
Commed Statement Company, and de-	ngman become amoralism indice.
le:	
ADDRESS)	CO

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<u></u>	
• *	our records, <u>enter the name of the</u>
e address nere:	
Enter Floric	la street address
	Clasida
City	, Florida Zip Code
j	registered office address on e address here:

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>	<u>Address</u>	Type of Action
MGR	Christine S. Eder	3243 Killington Loop The Villages, Florida 32163	■ Add
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					fter filing.) Pursuant to 605.0207 this date will not be listed as
		Department of State's		ny mag requirements.	this date will not be fished as
ne record	specifies a delay	yed effective date,	but not an effe	ctive time, at 12:0	1 a.m. on the earlier of
The 90th	n day after the r	ecord is filed.		·	
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Dated Noye	biber 5	(20)			
/	MILARIN		1/8/		
	1 NJ 1/ 1/1/ (///) X	1 # #1 <i>i</i> 24 # -	•	

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Typed or printed name of signee

Filing Fee: \$25.00