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(R	equestor's Name)		
(A	ddress)		
(A	ddress)		
(C	ity/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(B	usiness Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to	Filing Officer:		
1 1 2			

Office Use Only



400336037504

18/91/19--81985--884 **25.00





COVER LETTER

TO:	Registration Sec Division of Corp			·
	Siesta Golf	Cart Rental LLC		
SUBJ	ECT:	Numa of Lim	ited Liability Company	
		Name of Linu	ned Liaomiy Company	
The er	nclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Jeffrey Schermerhorn		on O Code annual report notification) 429-1996 Daytime Telephone Number g Fee & Opy S60.00 Filing Fee. Certificate of Status &
			Name of Person	
		National Network LLC		
			Firm/Company	<u> </u>
		1532 Stickney Point Rd		
			Address	
		Sarasota FL 34231		
		jsny72@gmail.com	City/State and Zip Code	
		E-mail address: (t	to be used for future annual report notific	cation)
For fu	rther information co	oncerning this matter, please ca	all:	
Jeffre	ey Schermerhorn		518 429-1996	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclos	sed is a check for th	e following amount:		
■ \$2	25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

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

(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	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:		
Florida Fun Rides LLC			
The new name must be distinguishable and contain the words "Limited Liab	lity Company," the designation	1 "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		2018 5 E. J	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
muning data ess mile be it i our or a row borry			
	<u></u>		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here. Name of New Registered Agent:		cords, enter the name of the	
New Registered Office Address:			
Mon Additional Office Hadross.	Enter Florida street address		
		, Florida 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
			
			Remove
			☐ Change
			Add
			Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
		☐ Remove	
	*****	□ Change	
			Add
			□ Remove
			□ Change

Effective date, if other than the date of filing:	
(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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be	
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document's effective date on the Department of State's records.	
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the each of the solution of the sol	arlier of:
Dated October 24, 2019.	
Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00

Date of this notice: 01-07-2019

Employer Identification Number:

83-3040402

Form: SS-4

Number of this notice: CP 575 G

SIESTA GOLF CART RENTALS LLC JEFFREY SCHERMERHORN SOLE MBR 1532 STICKNEY POINT RD SARASOTA, FL 34231

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 83-3040402. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is SIES. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

(IRS USE ONLY) 575G 01-07-2019 SIES O 9999999999 SS-4

Keep this part for your records. CP 575 G (Rev. 7-2007) _______

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 G

999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 01-07-2019 EMPLOYER IDENTIFICATION NUMBER: 83-3040402 FORM: SS-4

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 Idaddalalalalalalalalalalaandalalalalal

SIESTA GOLF CART RENTALS LLC JEFFREY SCHERMERHORN SOLE MBR 1532 STICKNEY POINT RD SARASOTA, FL 34231