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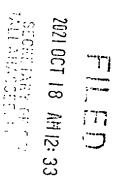
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor			f	
	oital Holdings LLC		•	
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Richard Young			
	_ 	Name of Person		
	Golf Cart Capital LLC	•		
		Firm/Company		
	855 NW 70th ST			
		Address		
	Miami FL 33150			
	-	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
	GolfCartVentures@gmail.e			
	E-mail address: (to be used for future annual report no	otification)	
For further information of	concerning this matter, please c	all:		
Richard Young		305 896-8804		
Name e	of Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address: Registration S	ection	
Registration Section Division of Corporations		Division of Co		
P.O. Box 632	27	The Centre of	The Centre of Tallahassee	
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2021 OCT 18 AM 12: 34

SECRETARY OF STATE TALLARACTERS FOR STATE

	$C_{i,i}$
ty Company as it now appears on our re Limited Liability Company)	cords.)
Company were filed on 07/15/2019	and assigned
<u>_</u> .	
ited liability company here:	
ited Liability Company," the designation "	'LLC" or the abbreviation "L.L.C."
RESS)	
<u> </u>	
-	
d office address on our records, <u>er</u>	<u>iter the name of the new register</u>
Enter Florida street ad	ddress
	, Florida
City	Zip Code
	ited liability company here: ited Liability Company," the designation was designation with the designation was designed and the street and t

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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□ Remove
			□Change

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r	adata if other than the data of filings (antional)
n effec	e date, if other than the date of filing:
<u>te:</u> If cumer	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a at's effective date on the Department of State's records.
ecord	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
is filed	ı.
14	D/01/2021
ted _	,
	Signature of a member or authorized epresentative of a member
	Richard Young

Filing Fee: \$25.00