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PłCK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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9/25/2022

## **COVER LETTER**

TO:	Registration So Division of Cor	ection porations		
		LF CARTS, LLC		
SUBJEC	JI:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		BJ Cottrell		
			Name of Person	<del></del>
		Cottrell Tax & Accounting	g, LLC	
			Firm/Company	
		5147 Castello Drive		
			Address	
		Naples, FL 34103		
			City/State and Zip Code	<del></del>
		admin@cottrelltax.com		
		E-mail address: (	to be used for future annual report notifi	cation)
For furth	er information c	oncerning this matter, please ca	all:	
BJ Cottr	eli		239 449-4881 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>\$25.</b> 0	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**

2022 J. 128 ATT 8: 21

SWFL GOLF CARTS, LLC	
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab lorida document number	
his amendment is submitted to amend the follow	/ing:
. If amending name, enter the new name of th	he limited liability company here:
he new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:
Principal office address MUST BE A STREET.	ADDRESS)
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO	0X)
B. If amending the registered agent and/or egistered agent and/or the new registered office	registered office address on our records, enter the name of the ce address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, FloridaZip 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
MGR	Todd S. Linhart	15975 Briarcliff Lane Fort Myers, FL 33912	
			□ Remove
			Change
			Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
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			□ Add
			Remove
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			Remove
			☐ Change
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			Change

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n effective date is listed, the ote: If the date inserted	han the date of filing: e date must be specific and cannot this block does not meet to the Department of State's	ot be prior to date of the he applicable statut	ling or more than 90 da	(optional)  sys after filing.) Pursuant  nts, this date will not b	το 605.020 se listed a
record specifies a The 90th day after	delayed effective date, the record is filed.	, but not an effe	ective time, at 12	2:01 a.m. on the	earlier (
June 9	20	)22			
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee