122000093281

((Requestor's Name)	
	(Address)	
((Address)	
	City/State/Zip/Phone #)	· · ·
PICK-UP	WAIT	MAIL
	Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer:	-
	J. HORNE APR '2 1 2022	

Office Use Only



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FILED
2022 APR 17 PH 12: 28
SECRETARY OF STATE
SECR

COVER LETTER

TO: Registration Se Division of Cor			•	
SUBJECT:	GATOR GOIF Name of Limit	ed Liability Company	<u> </u>	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.		
Please return all correspo	ondence concerning this matter to	o the following:		
	DANC	L U CA- Name of Person		
	6 ATON	GOIF CARTS Firm/Company	LLC	
	/330	CAYSTVA V	VAY 101	
	DeINA	Seach FC City/State and Zip Code	33444	
	GATON G E-mail address: (to	OIF CANTS LLC (A) be used for future annual report notifi	Cation) (VM	
For further information c	oncerning this matter, please ca			
Name o	Person	at (56/) 95/ Area Code Daytime	5509 01 561- 8 9 Telephone Number	19-370
Enclosed is a check for the	ne 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GATOR	GOIF CARTS	LLC,	- 2
	Liability Company as it now appears Florida Limited Liability Company)	on our records.)	\$500 \$
The Articles of Organization for this Limited Liabi Florida document number L 22 0000 This amendment is submitted to amend the following	93281	Z <u>-15-2022</u>	ARE PASSED PH 12
A. If amending name, enter the new name of th	e limited liability company her	<u>'e</u> :	: 28
The new name must be distinguishable and contain the word. Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	e:	ignation "LLC" or the abbrevi	ation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or regi	stered office address on our rec lere:	cords, enter the name of	the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Floria	la street address	
		, Florida	
	City	Z	ip Code

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 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>	Name	Address	Type of Action
MGR	M. chael TABERT	201 CYPRESS	TNACE DAD
		ROYAL PALMBO	
		33441	□Change
AMBR/	DANE LUCA	1330 CNYSTAL Deinay Beach	WAY DA
Mon.		De May Beach	Remove
		33444	□Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□ Change
			□Add
			Remove
			□Change
			□ Add
			□ Remove
			□Change

Effective date, if other than the date of filing: 4-1-2022 (optional) (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 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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 earlier of: (b) The 90th day after the cord is filed.
Dated $4 - 1 - 2022$,
Signature of a member or authorized representative of a member
Typed or printed name of signee

Filing Fee: \$25.00

To Florida Department of State:

I filled out the owner information wrong when I opened the LLC or registered for it. I put Michael Talbert as the owner, when I was supposed to be owner, Dane Luca. I have enclosed a copy of the sunbiz documents, and I wanted to make sure they are right. Unfortunately I can not wait on the phone for 45-60 minutes, and when I did they hung up so I am very frustrated. I sent the amendment paperwork to you in this packet. I was unsure on how to put myself as a MGR or AMBR, if you could use either please do so, if not please call me at 561-951-5509 do to discuss. The frustrating part is I can not speak to anyone on the phone. Hopefully I have filled out the documents the right way.

Dane Luca

Gator Golf Carts LLC

1330 Crystal way 101

Delray Beach FL 33444

561-951-5509

561-699-3705