

(Re	equestor's Name)	
(Ad	ldress)	-
(Ad	ldress)	
/Cit	ty/State/Zip/Phone	. #1
(Cit	ty/State/Zip/Filone	(T)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
,		-,
(D.		
(DC	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
opecial motivactions to	g Ooo,,	





800419434348

11/27/23--01030--020 **60.00



IH

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: GATOR GOF CARTS LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
DANE LUCA Name of Person
GATOR GOIF CARTS LLC
4151 LAKE WONTHRO 5843
LAKE WORTH FL 33461 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (561) 699 - 3705 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

(Name of the Limited	Liability Compan	y as it now appears ability Company)	RTS LI	LC_	
The Articles of Organization for this Limited Liab Florida document number $\frac{2200009}{42200009}$ This amendment is submitted to amend the follow. A. If amending name, enter the new name of the submitted to a submit	9328/ 3281 ring:			DD 2 2 and assign	ed
The new name must be distinguishable and contain the work Enter new principal offices address, if applicable (Principal office address MUST BE A STREET)	ds "Limited Liabilit	-		4 00	5 <u>43</u> 6/_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>	4151 LA LAKE	te Wonth WONTH, F	RD 58 2 334	 61
B. If amending the registered agent and/or regagent and/or the new registered office address	here:		1	Me of the POY 28	istered T
Name of New Registered Agent: New Registered Office Address:		- Worth	LUCA RD 5943 da sireei address TH, Florida_	3376/ Zip Code	ED

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 B43
MbR	GABRIELLA ALCANTARA	415/ Lake Wonth RD	_ □Add
		LAKE WONTH FC 33461	Remove
			_ □Change
A <u>MBR</u>	Dane Luca	4151 LAKE WONTH RD 5243	, _ZAdd
		4151 LAKE WONTH RD 5843 LAKE WONTH FL 3346,	<u> </u>
			_ Change
			□Add
			_ 🗆 Remove
			_ □Change
			_ □Add
			_ □Remove
			_ [] Change
			_ 🗆 Add
			_ □Remove
			_ □Change
			_ 🗆 Add
			_ □Remove
			□ Change

		· · ·						_ - _
		····						
						_		
							∑ o	, ~
							LA,	023 /
-							HASS	NOV.
								~~~
							<u>.</u>	*
							3/1/10	;- ( \$-
							•	<del></del> -
					·			<u> </u>
				<u></u>	<del> </del>			
n effectiv <u>te:</u> If th	date, if other than the date is listed, the date in this ledge date in this less effective date on the	ust be specific a block does not	nd cannot be pri meet the appl	icable statutor	ng or more than 9 y filing require	(option) (days after filements, this d	ing.) Pursuant	to 605,020 be fisted as
ournellt i		ive date, but n	ot an effective	time, at 12:01	a.m. on the ea	rlier of: (b)	The 90th da	y after the
cord sp	ecifies a delayed effect							
ecord spe is filed.	ocifies a delayed effect	18	. 202	<u>3</u> .				
ecord spe is filed.		$\alpha$	MARON		ntative of a men			

Filing Fee: \$25.00