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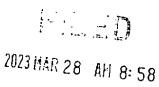
COVER LETTER

TO: · Registration Section

Division of Corporations SUBJECT: ON THE GO GOLF CART REPAIR 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: Timothy Paciella Name of Person Firm/Company 6335 Bridgecrest Dr Address Lithia, Fl 33547 City/State and Zip Code Repair@otggolfcart.com E-mail address. (to be used for future annual report notification) For further information concerning this matter, please call: Timothy Paciella Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **≡** \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ON THE GO GOLF CART REPAIR LLC

(Name of the Limited Liability Company as it now appears on our records.) Let [... [A Florida Limited Liability Company]]

(A Florid	a Limited Liability Company)		
The Articles of Organization for this Limited Liability C Florida document number <u>L23000122060</u> .	Company were filed on 03/08/2023	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		
	-		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>enter</u>	the name of the new register	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Flo	, Florida City Zip Code	
N. B. C. J. A. S		Zip Code	
New Registered Agent's Signature, if changing Registere			
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c		1,5	

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Timothy Paciella	6335 Bridgecrest Dr	\equiv Add
		Lithia, FI 33547	□Remove
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Signature of a member or authorized representative of a membe	

Filing Fee: \$25.00