## L23000311572

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## **COVER LETTER**

TO: Registration Sec Division of Corp		S. C.		
SUBJECT: GOLF CAR	T HEROES LLC			
SUBJECT:	Name of Lim	ited Liability Company	<del></del>	
	Amendment and fee(s) are sub			
	BRANDON J HARRISON	√ SR		
		Name of Person		
	GOLF CART HEROES L			
		Firm Company		
	3355 CLAIRE LANE APT			21
		Address	TAL	2024 SEP 24 P.1
	JACKSONVILLE, FL 322		는 전 <u>기</u>	딸 2
		City/State and Zip Code	38	
	Golfcartheroes@gmail.com	to be used for future annual report noti	fication)	
For further information ed	oncerning this matter, please c			ु: १५
BRANDON J HARRISO	ON SR	at ( 301 ) 331-6042		_
Name of	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for th	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 Fe Certificate of \$1 Certified Copy (additional copy is	tatus &
Mailing Addres		Street Address:		
Registration 5 Division of C		Registration Se Division of Cor		
P.O. Box 632	-	The Centre of T	fallahassee	
Tallahassee, I		2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	es LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) .nability Company)	1
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.23000311572}{1.23000311572}$	were filed on <u>06/23/2023</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the aboreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		TALL TALL
Enter new mailing address, if applicable:		24 P.
(Mailing address MAY BE A POST OFFICE BOX)		- 10 년 - 10 년 - 10 년
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter tl</u>	he name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flor	rida
	City	rida

## 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
AMBR	MICHAEL I HARRISON	3355 CLAIRE LANE #307	□ Add
		JACKSONVILLE FL 32223	Remove
•			
			□ Add
	•		□Remove
	·		□Change
			SECRE ATTALL P Change
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ective date, if other than the date effective date is listed, the date must be the lift the date inserted in this block ument's effective date on the Department.	e specific and cannot be prior k does not meet the applica	to date of filing or more tha	(optional) in 90 days after filing.) irements, this date v	Pursuant to 605.02 will not be listed
cord specifies a delayed effective d s filed.	date, but not an effective ti	ne. at 12:01 a.m. on the	earlier of: (b) The	90th day after th
ed SEPTEMBER 16	2024			
Be	Anature of a member or author			