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	gistration Serision of Cor						
SUBJECT:	ELITE GO	LF CART RENTAL, LLC					
SUBJECT:		Name of Lim	ited Liability Company				
The encloses	d Articles of	Amendment and fec(s) are sub	omitted for filing.				
		ondence concerning this matter	_				
		JACOB WATSON					
			Name of Person	<u> </u>			
		ELITE GOLF CART REN	TAL, LLC				
			Firm/Company				
		4903 9TH AVE E					
		···.	Address		····		
		BRADENTON, FL 34208					
			City/State and Zip Code		_		
		JACOBNORMAND9@GN					
For further i	nformation o		to be used for future annual r	eport notification	1)		
		concerning this matter, please ca	aii:				
JACOB WA			941 405 at ()	-9731			
	Name o	l Person	Area Code	Daytime Telep	phone Number		
Enclosed is a	a check for th	he following amount:					
■ \$ 25,00 I	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)		
	iling Addres		Street Ad				
Div	vision of C	Corporations		Registration Section Division of Corporations			
). Box 632 Jahassee J		The Cen	The Centre of Tallahassee			
t al	lahassee, I	こし 32314	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELITE GOLF CART RENTAL, LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.)
The Articles of Organization for this Limited Liability Company were filed or	on 01/12/2024 and assigned
Florida document number 1.24000026581	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
ELITE GOLF CART RENTALS, LLC	
The new name must be distinguishable and contain the words "Limited 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 ADDRESS)	024
	6
Enter new mailing address, if applicable:	ँ. चु गा
Mailing address MAY BE A POST OFFICE BOX)	
	25
B. If amending the registered agent and/or registered office address on eagent and/or the new registered office address here: Name of New Registered Agent:	our records, <u>enter the name of the new regi</u>
New Registered Office Address: Enter	er Florida street address
	, Florida
City	Zin 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 Changing Registe	ered Agent, Signati	ure of New Regis	tered 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
			□ Add
		<u>. </u>	□ Встюче
			□Change
			□Add
			□Remove
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Effective date, if other than the date of filing: [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 603.0207 **Note:* If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. **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 dis filed. **Dated FEBRUARY 5							
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Signature of a member or authorized representative of a member	l is fi	FEBRUARY 5			·		
	d is fi						

Filing Fee: \$25.00