	(Requestor's Name)	
! <u> </u>	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UI	P WAIT MAIL	
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of Status	
Special Instructions	s to Filing Officer	
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!	Office Use Only	



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COVER LETTER

Division of Corporations
SUBJECT: DWB GOIF CARTS LLC Name of Limited Liability Company
Maine of Emilien Claumty Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
The state of the spondence concerning this matter to the following.
Charles T. Walters
PWB GOIF Carts LLC
2 N Navy Blod
PPNSUCOLG City/State and Zip Code
Floride 32506 E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marc of Person Name of Person
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate of Status & Certificate Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certificate Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Registration Section

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

KWB Golf	Carts LLC
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1240004171/	were filed onANUAIG_33302 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)	2023 15.
	<u></u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	2:
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip 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 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	Gerson Martine	2 North Navn Blud	□Add
		Persacola Florida 325	DC SRemove
			□Change
yfmbr	Preston L Walters	2 N Navy Blud	□Add
.:		Pensacola Road Florida 3250C	Remove
		Florida 3250C	□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			🗆 Add
			🗆 Remove
			□Change
			□Add
			□Remove
			© Change

. If amending any other	information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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 Note: If the date inserted 	than the date of filing:
the record specifies a delayer ord is filed.	d effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	$\frac{328.2024}{0.000}$
	Signature of a member or authorized representative of a member
	Charles T Wather T

.

Filing Fee: \$25.00