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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

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Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FIVE STAR GOLF CART REPAIR LLC

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Help

T. LEMIEUX

COVER LETTER

TO: Registration S Division of Co			.•	
Five Star	Golf Cart Repair LLC			
SUBJECT:	Name of Lim	ited Liability Company		
	f Amendment and fee(s) are sub.		,	
Please return all corresp	ondence concerning this matter	to the following:		
	Mike Town			
		Name of Person		
	Legalzoom.com, Inc.	·		
		FinwCompany		
	9900 Spectrum Dr			
		Address		
	Austin, TX 78717			
				
fivestargolfcartrepair@gmail.com I:-mail address: (to be used for future annual report notification)				
For further information	concerning this matter, please or		(Canon)	
Mike Town	concerning and manual, promote	800 773-0888		
Name	of Person		: Telephone Number	
Enclosed is a check for	the 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
,				

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Five Star Golf Cart Repair LLC			
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) nied Liability Company)		
The Articles of Organization for this Limited Liability Comp Florida document number 1.24000446675	pany were filed on 10/21/2024	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
The new name must be distinguishable and comain the words "Limited	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable: 13700 Little Rd, #1011, Hudson, FL, 34667.			
(Principal office address MUST BE A STREET ADDRES.	<u></u>		
Enter new mailing address, if applicable:		2022	
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
B. If amending the registered agent and/or registere	ed office address on our records, <u>e</u>	nter the name of the new	
registered agent and/or the new registered office address	s here:) (1) (1) (1) (1) (1)	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florid	aZip Cinle	
	City	Zip Cide	

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

_ Change

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR =	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
		***	☐ Remove
			Change
	 		
			□ Remove
			☐ Change
		-	∩ Add
			□ Remove
		·	Add
			☐ Remove
			Change
			Add
			☐ Remove
			O Change
			Add
			Велюче

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