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SECRETARY OF STATE
ALL AHASSEE, FLORIDA

CHROEDER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	GOLF	PROFFOT FLO	KIDD INC.
DOCUMENT NUMBER:			<u> </u>
The enclosed Articles of Amenda	nent and fee are sub	omitted for filing.	
Please return all correspondence	concerning this mat	ter to the following:	
	Л	Name of Contact Person	
	Ge <i>lf</i>	Cart Depot Firm/ Company	Florich, Inc
	390	4 Lord O'Lohe	s Blud
	Low	O Loher FL	34639
E-nut		City/ State and Zip Code 10 holmail.com ed for luture annual report	
For further information concerning	ng this matter, pleas	e call:	
Marty luster Name of Contact	Person	at (<u>\$/3</u> Area Co	de & Daytime Telephone Number
Enclosed is a check for the follow	ving amount made p	payable to the Florida Depa	artment of State;
——————————————————————————————————————	.75 Filing Fee & tificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Sc Division of Co P.O. Box 6327 Tallahassee, FI	rection rporations	Amenc Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle USSEE, FL 32301

Articles of Amendment

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Articles of Incorporation

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2 / 2	01
Go /f	Coroleant Florida Inc.
(Name of Corr	poration as currently filed with the Florida Dept. of State)
f	18099070249
(I	Document Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, I its Articles of Incorporation:	Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of	the corporation:
GOLF CART DE	POT FLORIDA INC. The new
name must be distinguishable and contain th "Corp." "Inc.," or Co.," or the designation word "chartered," "professional association,".	POT FLORIDA INC. The new e word "corporation." "company." or "incorporated" or the abbreviation "Corp." "Inc." or "Co". A professional corporation name must contain the or the abbreviation "P.A."
B. Enter new principal office address, if appl (Principal office address <u>MUST BE A STREE</u>	
C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFIC D. If amending the registered agent and/or r new registered agent and/or the new regis	egistered office address in Florida, enter the name of the
Name of New Registered Agent	
V. D. iv. v. 1066 v. 11 hours	(Florida street address)
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing thereby accept the appointment as registered a	gent. I am familiar with and accept the obligations of the position.
	Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe. PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			——————————————————————————————————————
Remove			- A A A A A A A A A A A A A A A A A A A
3) Change			\$2.5
Add			The second of t
Remove			D STATE FLORIDA
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary). (Be specific)			
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If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	>	7	
provisions for implementing the amendment if not contained in the amendment itself:			
(if not applicable, indicate MA)			
••••••••••••••••••••••••••••••••••••••	<u> </u>		—
			—
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The date of each amendment(s) adoption:	if other than
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note : If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by**	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 8 /26 /19 22 22 22 22 22 22 22 22 22 22 22 22 22	15
Signature (By a director, president or other officer – if directors or officers have not been – selected, by an incorporator – if in the hands of a receiver, trustee, or other courfer in the following by the following of the f	
(Typed or printed name of person signing)	7
Preacle + (Title of person signing)	

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