71800073134

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	es
Special Instructions to Filing Officer:	

Office Use Only



900317661829

09/04/18--01024--005 **35.00

SEP 1 1 2018 S. YOUNG SKORI TAKA SIT SATI

COVER LETTER

TO: Amendment Section

Division of Corpo	rations			
NAME OF CORPOR	ATION: RIGHTAWAY GO	OLF CARTS INC		
DOCUMENT NUMB				
	of Amendment and fee are su	bmitted for filing.		
	pondence concerning this ma	-		
ricase return an corres	pondence concerning inis ma	her to the following.		
	OANH NGUYEN			
-	· · · ·	Name of Contact Person	1	
	TAX ZONE INC			
-		Firm/ Company	 	
	8865 COMMODITY CIR SU	JITE 4		
•		Address		
	ORLANDO FL 32819			
		City/ State and Zip Code	*	
ITON	YROBINSON@GMAIL.CC)M		
		sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
OANH NGUYEN		4()7 at (
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mail	ing Address	Street	<u>Address</u>	
Ame	ndment Section	Amendment Section		
	sion of Corporations		on of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

to

RIGHTAWAY GOLF CARTS INC

(Name of Corporation as currently	filed with the Florida Dept. of State)	
P18000072134		
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	Iorida Profit Corporation adopts the fo	llowing amendment(s)
A. If amending name, enter the new name of the corporation: RIGHTWAY GOLF CARTS INC		The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name	the abbreviation
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Muiling address <u>MAY BE A POST OFFICE BOX</u>)		B SEP -4
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	CORIUA 6: 10
Name of New Registered Agent	***	
(Florida stree	t address)	
New Registered Office Address:	, Florida,	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar wit	(th and accept the obligations of the pos	(Zip Code) ition.
Signature of New Reg	sistered 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.

X Change	<u>PT</u>	<u>John Do</u>	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
I) Change		_		
Add				
Remove				
2) Change				
Add		-		
Remove				
3) Change				
Add				
Remove				
Kemove				
4) Change		_	·····	
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		<u></u>		
Add				
Remove				

Attach addition	adding additional Arti al sheets, if necessary).	(Be specific)			
					
			·-		
					· · · · · · · · · · · · · · · · · · ·
					
					·
u :					
					
<u>. </u>					
			 		
		,			
	nt provides for an exch implementing the ame				ires,
(if not app	licable, indicate N/A)				
,					
,					
			- 		
					

	(s) adoption:	, if other than the
late this document was signed	- 08/29/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, the Department of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes east for the amend ere sufficient for approval.	ment(s)
	re approved by the shareholders through voting groups. The following sed for each voting group entitled to vote separately on the amendment(s	
"The number of vote:	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	re adopted by the board of directors without shareholder action and shar	eholder
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and sharehold	der
08/29 Dated	/2018	
Se	Tony Rubin Son By a director, president or other officer – if directors or officers have not elected, by an incorporator – if in the hands of a receiver, trustee, or other oppointed fiduciary by that fiduciary)	
	TONY ROBINSON	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<u> </u>