## P2100092752

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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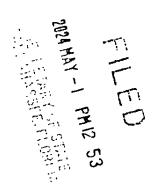


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amend



A. RAMSEY
MAY 21 2024

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## COVER LETTER

	Registration So Division of Cor				
CUBIPA		PS SUPERSTORE INC			
SUBJEC	.t:	Name of Lin	nited Liability Company		
			•	•	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		Qimei Zhang Arnold			
		<del>-</del>	Name of Person		
		GOLF GRIPS SUPERSTO	ORE INC		
			Firm/Company		
	11244 Redgate Street				
			Address		
		Spring Hill, FL			
		•	City/State and Zip Code		
		qimeiamold@gmail.com	to be used for future annual rep	and all of the state of the sta	
lier furth	er information o	oncerning this matter, please o	•	ort notification)	
		oncerning this matter, please c		Aug.	
Qimei Zi	hang Amold		352 584-5. at ()		
	Name o	f Person	Area Code .	Daytime Telephone Number	
Enclosed	is a check for th	he following amount:			
<b>≡ \$</b> 25.6	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addres	<u>ss:</u>	<u>Street Addr</u>	ess:	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



April 15, 2024

QIMEI ZHANG ARNOLD GOLF GRIPS SUPERSTORE INC 11244 REDGATE STREET SPRING HILL, FL 34609

SUBJECT: GOLF GRIPS SUPERSTORE INC

Ref. Number: P21000092752

We have received your document for GOLF GRIPS SUPERSTORE INC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey OPS

Letter Number: 224A00008103

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	TION: GOIF	Enips Supera	Store INC
		000092752	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspon	ndence concerning this ma	tter to the following:	
_	Qime	Name of Contact Person	NOLD
	SO IF GRIPS	Superstore -	
	7.00	Rëdgatë St Address	
	Spring	Hill FL City/ State and Zip Cod	34609
<del></del> -		City/ State and Zip Cod	e
	E-mail address: (to be us	ANOLD & SMI sed for future annual eport	notification)
	oncerning this matter, pleas		<del>-</del>
STAN	Arnoid	at ( <u>35</u> e	de & Daytime Telephone Number
Name of C	ontact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	e following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendi Division P.O. Bo	Address ment Section of Corporations x 6327 ssee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

Go 1+	GRIPS Su oration as currently	perstore	TNGOZAMAY-1	PH 12 53
	Oration as currently		rida Dept of State)	YOF STATE.
	Document Number of C		own)	
Pursuant to the provisions of section 607.1006, First Articles of Incorporation:				wing amendment(s)
. If amending name, enter the new name of	the corporation:			
				The new
name must be distinguishable and contain the wood inc.," or Co.," or the designation "Corp," chartered," "professional association," or the	"Inc." or "Co". A p	mpany," or "incor professional corpo	porated" or the abbrevi oration name must con	ation "Corp.," nain the word
3. Enter new principal office address, if appli Principal office address <u>MUST BE A STREET</u>	cable: <u>TADDRESS</u> )		//A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>E BOX</u> )		N/A	
D. If amending the registered agent and/or re new registered agent and/or the new regist		ss in Florida, ente	er the name of the	
Name of New Registered Agent		N/A		
		,		
<del></del>	(Florida stree	ı address)		<del></del>
New Registered Office Address:	15		, Florida	(ip Code)
	, , , , , , , , , , , , , , , , , , ,	(ity)	(2)	up Code)
New Registered Agent's Signature, if changing thereby accept the appointment as registered ag	g Registered Agent: ent. I am familiar wit	th and accept the o	obligations of the position	n.
	Signature of New Reg	N/A		<del></del>
	Signature of New Reg	istered Agent, if ci	hanging	

Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
Change Add		STANLEY W ATNOCD	Spring Hill, EL 3:409
Remove			
2) Change Add			
Remove 3) Change			
Add Remove			
4) Change		<del></del>	
Add Remove			
5) Change			
Add Remove			
6) Change		_ <del></del>	
Add			

	N/A
	<del> </del>
	<del></del>
	<del></del>
	<del></del>
. If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
	NA
	<del></del>
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amer	ndment file date)
Note: If the date inserted in this block does not meet the applicable statutory fil document's effective date on the Department of State's records.	ling requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors action was not required.	s without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes by the shareholders was/were sufficient for approval.	s cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groumust be separately provided for each voting group entitled to vote separately of	
"The number of votes cast for the amendment(s) was/were sufficient for a	approval
by	
(voting group)	·
Signature  (By a director, president or other officer – if directors of selected, by an incorporator – if in the hands of a receivappointed fiduciary by that fiduciary)	or officers have not been iver, trustee, or other court
(Typed or printed name of person s	vo LD
(Title of person signing)	ver
(Title of person signing) /	