

L05000120608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

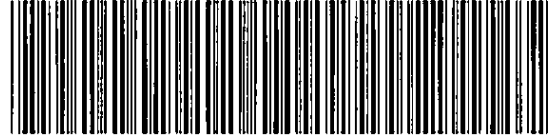
(Business Entity Name)

(Document Number)

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09/26/23--01045--002 **25.00

2023 SEP 26 PM 12:33

cy 10/7/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cart Sound, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Terri G. Sonn

Name of Person

Sonn Law PA

Firm/Company

19495 Biscayne Blvd, suite 607

Address

Aventura, FL 33180

City/State and Zip Code

tsonn@sonnlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Terri Sonn

305 466-9497
at ()

Name of Person

Area Code

Daytime 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 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

Cart Sound, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2023 SEP 26 PM 12:33

The Articles of Organization for this Limited Liability Company were filed on 12/19/2005 and assigned
Florida document number L05000120608

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

799 Allendale Road

(Principal office address MUST BE A STREET ADDRESS)

Key Biscayne, FL 33149

Enter new mailing address, if applicable:

same as principal office address

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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

II Amending Authorized Person(s) authorized to manage, enter the accounting and reports of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Patrick Gleber	888 Kingman Road	<input type="checkbox"/> Add
		Homestead, FL 33035	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Paige Lattner	799 Allendale Rd	<input checked="" type="checkbox"/> Add
		Key Biscayne, FL 33149	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sean Lattner	7737 NE 8th Avenue	<input checked="" type="checkbox"/> Add
		Miami, FL 33138	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Wayne Rosen	12 Anchor Drive unit B	<input type="checkbox"/> Add
		Key Largo, FL 33033	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated Sept. 21, 2023

Signature of ~~a member~~ of authorized representative of a member

Paige Lattemer

Typed or printed name of signee

Paper Laffaner