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04/23/09--01044--001 **30.00

D. BRUCE

APR 2 4 2009

EXAMINER

TO: Registration Section Division of Corporations SUBJECT: Cart pros com, IC, (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: | Cart pros com | Cart

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:

(Area Code & Daytime Telephone Number

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cartpros	con,	lle			
(<u>Name of the Limited Li</u> (A F	iability Company orida Limited Lia	as it now appears on bility Company)	our records.)	- 	
The Articles of Organization for this Limited Liab		vere filed on	101/06	and assig	ned
This amendment is submitted to amend the follow	ing:		IA	'S'	`
A. If amending name, enter the new name of the	<u>ne limited liabili</u>	ty company here:	LLAHAS	P PR 2	7
The new name must be distinguishable and end with t "L.L.C."	he words "Limite	d Liability Company,"	the designation	ekC" of the abl	reviation
Enter new principal offices address, if applicable:		2900 F	Ionida \$	S C	<u>;</u>
(Principal office address MUST BE A STREET.	<u>ADDRESS)</u>	Delray	Beach, 129	334°	<u>83</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	29 00 Delvac	Florida y Beach	B(vd. , F(s	STE: 221 83
B. If amending the registered agent and/or registered agent and/or the new registered office		e address on our	records, enter 1	he name of	the new
Name of New Registered Agent:		ander	son		
New Registered Office Address:	29	OO Flor (Enter	ida R Florida street ad	(vd. !	<u>stc:</u> 221
	Deloa	y Bard	, Florida	3348	3
		(Ctty)		(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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title Address Type of Action Name** Remove 🗖 Add Remove ☐ Add Remove Add 🗂 Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary, 2004 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00