L19000099SS6

| (Req | uestor's Name) | | | |
|---------------------------|------------------|-------------|--|--|
| (Add | ress) | | | |
| (Add | ress) | | | |
| (City) | /State/Zip/Phone | e #) | | |
| PICK-UP | WAIT | MAIL | | |
| (Bus | iness Entity Nar | me) | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | s of Status | | |
| Special Instructions to F | iling Officer: | | | |
| | | | | |
| | | | | |
| | | | | |

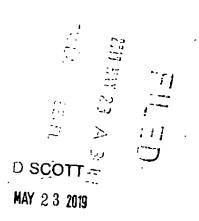
Office Use Only



300329663733

05/23/19--01010--004 **25.00

19 MAY 23 MAI OF 51AH



COVER LETTER

!

| TO: | Registration Sec Division of Corp | | // | TY CARTS LLC |
|--------------|--------------------------------------|---|---|---|
| SUBJ | ECT: | Name of Lim | ited Liability Company | TY CARTS LLC |
| The er | nclosed Articles of . | Amendment and fee(s) are sub | mitted for filing. | |
| Please | return all correspo | ndence concerning this matter | to the following: | |
| | | Bla | ke Kerivel | |
| | | Unive | Name of Person VSity Carts Firm/Company | |
| | | 1328 Wa | rriber Way, Tallaha | see / 37204 |
| | | | Address | |
| | | Info OU | City/State and Zip Code niversity Carts. Con to be used for future annual report notif | o ication) |
| For fu | rther information c | oncerning this matter, please ca | | |
| | ~· · | Kerivel | at (<u>850</u>) 509 - | 7529 e Telephone Number |
| Enclos | sed is a check for th | ne following amount: | | |
| 5 \$2 | 5.00 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) |
| | 3141 1 | IVO ADADECE. | CTD ₽₽T/CAUDI | ED ADDDESS. |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

ed Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L/9</u>0000 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Address</u> <u>Title</u> Name BOO OCALARD SUITE SIN - Add

Tallahasse FC 32304 Remove AMBR Neil Schmidt __ Change □ Add ☐ Remove _□ Change □ Add □ Remove 1 □ Remove □ Change □ Add □ Remove _ Change _□ Add ☐ Remove _□ Change

| | · · · · · · · · · · · · · · · · · · · | | |
|--|--|---|-------------------------------------|
| | | _ | |
| | | <u> </u> | |
| | | | |
| | | | <u>_;</u> . |
| | | | |
| | | · | <u> </u> |
| | | | <u> </u> |
| | | | <u></u> |
| | | | |
| | | | |
| | | | |
| Effective date, if other than the date of filing: f an effective date is listed, the date must be specific and cannot be prior to da Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records. | e of filing or more than 90 day statutory filing requiremen | (optional) ys after filing.) Purs its, this date will | suant to 605.020 not be listed a |
| e record specifies a delayed effective date, but not ar | effective time, at 12 | ''01 a.m. on t | he earlier o |
| The 90th day after the record is filed. | checure and, at 12 | | |
| 7 / | | | |
| | | | |
| 5/2/A | | | |
| Dated 5/23/19 | | | |

Page 3 of 3

Filing Fee: \$25.00