L20 000 180796

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
le	27	

Office Use Only



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OCT 1 9 **2020** S. **YOUNG**



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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 16, 2020

CHARALAMPOS LAZAROU CARTOOOO LLC 10223 SW 51 STREET COOPER CITY, FL 33328

SUBJECT: CARTOOOO LLC Ref. Number: L20000180796

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

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Letter Number: 220A00017656

Shelia S Young Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Se Division of Co				
CARTOO	OO LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	CHARALAMPOS LAZA	ROU		
		Name of Person		
	CARTOOOO LLC			
		Firm/Company		
	10223 SW 51 STREET			
		Address		
	COOPER CITY/FLORID	A 33328		
	· · · · · · · · · · · · · · · · · ·	City/State and Zip Code	<u> </u>	
	INFO@CARTOOOO.COM			
For further information	E-mail address: (concerning this matter, please c	to be used for future annua	il report notifica	(lion)
	, , ,			
CHARALAMPOS LAZ		at ()	993001	
Name o	of Person	Area Code	Daytime To	elephone Number
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	S30.00) Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee Certified Copy (additional copy is e		□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	ze.	Straat 3	· sseethh A	
Registration		Street Address: Registration Section		
Division of C		Division of Corporations		
P.O. Box 632	21	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARTOOOO LLC

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

The Articles of Organization for this Limited I Florida document number <u>L20000180796</u>	Liability Company were filed on	06/29/2020	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, <u>enter the new name o</u>	of the limited liability company	here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREA	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or agent and/or the new registered office address	registered office address on our	records, enter the na	ume of the new registered
Name of New Registered Agent:	CHARALAMPOS LAZAROU	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	10223 SW 51 STREET		
	Enter F	lorīda strvet address Florida	33328
	Ciņ		Zıp 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.

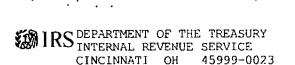
If Changing Registered Went, Signature of New Registered Agent

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>Title</u>	<u>Name</u>	Address	Type of Action
MGR	FERNANDO PESCI BOSCH	16389 NW 11th street	□Add
		PEMBROKE PINES FL 33028	=Remove
			□Change
			□ Add
			□Remove
			□Change
		□Add	
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
		□Change	
	·		□ Add
			□Remove
			□ Change

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	, /
fective	date, if other than the date of filing: $\frac{0.9/01/2020}{0.00000000000000000000000000000000$
an effectiv ote: If t	we 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	s effective date on the Department of State's records.
record sp	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
is filed.	
ated	09/25/2020
	Signature of a member or authorized representative of a member



Date of this notice: 07-08-2020

Employer Identification Number:

85-1843931

Form: SS-4

Number of this notice: CP 575 B

CARTOOOO LLC CARTOOOO % FERNANDO O PESCI BOSCH MBR 16389 NW 11TH ST PEMBROKE PNES, FL 33028

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 85-1843931. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065 03/15/2021

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.