L21.000099870

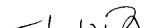
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Considerations to Siling Officer
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

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TO:

TO: Registration Se Division of Cor		
CARTSQU	AD HOLDING 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	ndence concerning this matter	to the following:
	KIMBERLY MARENCO	
		Name of Person
	DIFALCO, FERNANDEZ	Z & KAPLAN
		Firm/Company
	777 BRICKELL AVE., SU	JITE 630
		Address
	MIAMI, FL 33131	
		City/State and Zip Code
	KMARENCO@DFKFIRM	
	E-mail address: (to be used for future annual report notification)
For further information c	oncerning this matter, please c	all:
KIMBERLY MARENCO	0	305 569-9800 at ()
Name o	f Person	Area Code Daytime Telephone Number
Enclosed is a check for the	ne following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Section
Division of C		Division of Corporations
P.O. Box 632	7	The Centre of Tallahassee
Tallahassee, I	FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARTSQUAD HOLDING LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on MARCH 01, 2021	and assigned
lorida document number L21000099870	 ·	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	nited liability company here:	
CARTSQUAD HOLDINGS, LLC		
he new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or registere gent and/or the new registered office address here: 		name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid:	a
	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	Pegistered 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 = N $AMBR = A$	lanager Authorized Member		
Title	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
		\ <u> </u>	□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			Remove
			□Change
			□ Add
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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-	
Effective If an effect Note: If documen	e date, if other than the date of filing:
record s d is filed	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
Dated	ARCH 15 2021
	A wa
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00