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## **COVER LETTER**

Registration Section

TO:

Division of Co	orporations			
	Y CART LLC			
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Branden Baker			
		Name of Person		
	HOLIDAY CART LLC			
		Firm/Company		
	5294 boxwood way			
		Address		
	Naples FL 34116			
		City/State and Zip Code		
	prabha_adhikari@yahoo.co			
		to be used for future annual report notifi	cation)	
For further information	concerning this matter, please of	all;		
Brandon Baker		813 3898490 at ()	. <u> </u>	
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 Fiting Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	;
Mailing Addre Registration Division of ( P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporate Centre of Ta 2415 N. Monroe Tallahassee, FL.	orations allahassee Street, Suite 810	~,

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOLIDAY CART LLC			
(Name of the Lim	(A Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{06/29/20}{\text{Florida document number}}$			and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability con	mpany here:	
The new name must be distinguishable and contain the	words "Limited Liability Comp	pany," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)	<del> </del>	
	<del></del>		,
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and/or agent and/or the new registered office addre	Ç-	on our records, enter the i	name of the new register
agent and/or the new registered office additi	tos nere.	•	2
Name of New Registered Agent:	Branden Baker		<u></u>
New Registered Office Address:	5294 Boxwood Way		D.
		Enter Florida street address	
	Naples Cin	, Florida	34116 - Zip, Code
New Registered Agent's Signature, if changing	•		
New Registered Agent's Signature, it changing  I hereby accept the appointment as register		ct in this capacity. I further	agree to comply with

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

Title	<u>Name</u>	Address	Type of Action
CEO PIOTR CZE	PIOTR CZEREPANIAK	5294 Boxwood Way	□Add
		Naples	Remove
		FL , 34116	
CEO	Branden Baker	5294 Boxwood Way	<b>≣</b> Add
		Naples	□Remove
	•	FL34116	□Change
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Tective date, if other than the date is listed, the date in ote:  If the date inserted in this	nust be specific an block does not	d cannot be prior the application	icable statutor	ng or more than 9	(optional) 0 days after filing. ments, this date	) Pursuant to	listed	a
n effective date is listed, the date n	nust be specific an block does not	d cannot be prior the application	icable statutor	ng or more than 9 ry filing require	0 days after filing.	) Pursuant to	605.020 listed a	)
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Filing Fee: \$25.00