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DIVISION OF CORFORATIONS
22 APR -6 AM 10-12

T. MATTHEWS APR 2 1 2022

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	ATOR 60/1 Name of Lim	E CARTS L ited Liability Company	LC
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	DA/	Ne Ly CA Name of Person	
	CATOR	COF CANT Firm/Company	SLLC
	1330 C	CAYSTAN W	(Ay #10)
	Delnay	Seach F	2 33444
	DANGA	City/State and Zip Code ATOL COJE CANT to be used for future annual report notified.	Sicom On
For further information co	E-mail address: (ncerning this matter, please co		gATTONGOIF CANTS LLC
Name of	Person	at (56) Area Code Daytime	e Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Malling Address		Canada Addinara	

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT FILED STATE TO DIVISION OF CORPORATIONS ARTICLES OF ORGANIZATION -6 AM ID: 12 OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
(A Florida Limited Liability Company)	
he Articles of Organization for this Limited Liability Company were filed on 3-15-2022 and assigned lorida document number 42200093221.	
his amendment is submitted to amend the following:	
. 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."	_
to the mast be distinguishable and commit the words. Elimica Elability company, the designation (EEC of the above factor) E.E.C.	
nter new principal offices address, if applicable:	_
Principal office address MUST BE A STREET ADDRESS)	_
	_
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	_
Mulling address MAT BE A FOST OFFICE BOX)	-
	-
. If amending the registered agent and/or registered office address on our records, enter the name of the new regist gent and/or the new registered office address here:	erec
Name of New Registered Agent:	_
New Registered Office Address:	
Enter Florida street address	_
, Florida	
City Zin 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 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
mar	Michael TABEIT	201 CYPARSS TMAC	<u>C</u> □Add
		ROYAL PALM BEACH P	Zeremove
		334/1	□Change
MGR	DANE LUCA	133D CNYSTATWA	Add #/U
		DelRAY Beach	Z □ Remove
		334	YY □ Change
			□Add
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Note: If the	ite, if other than date is listed, the date date inserted in thi effective date on the	s block does not:	meet the applica	o date of filing or n ble statutory filin	(op) nore than 90 days aft og requirements, th	tional) er filing.) Pursuant to 60 nis date will not be lis	95.0207 (sted as (
e record spec rd is filed.	ifies a delayed effe	ctive date, but no	t an effective tin	ne, at 12:01 a.m.	on the earlier of:	(b) The 90th day aft	er the
Dated	APR./	4	, 202	2.			
_		Mul Signature of a	member or author	nized representative	of a member		
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Filing Fee: \$25.00