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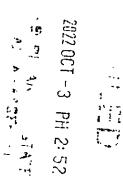
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## COTENLETTER

TO: Registration Se Division of Cor			•
CS Cart, Li SUBJECT:	_C		
SUBJECT:	Name of Lin	ited 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:	
	Scot B. Copeland, Esq.		
		Name of Person	
	Emmanuel, Sheppard & C	ondon	
		Firm/Company	<del>_</del> _
	195 Grand Boulevard, Sui	te 101	
		Address	
	Miramar Beach, Florida, 3	2550	
	MKell@KellLawFirm.com	City/State and Zip Code to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Scot B. Copeland		850 460-8000	
Name o	Name of Person Area Code Daytime Telephone Number		e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632	•	The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMERICANA... TO ARTICLES OF ORGANIZATION **OF**

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CS Cart, LLC		
(Name of the Limited Liability Comp (A Florida Limited	oany as it now appears on our re I Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L22000103351</u> .	y were filed on February 28,	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Cindic's Song III, LLC		
The new name must be distinguishable and contain the words "Limited Liah	oility 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)		2022
Enter new mailing address, if applicable:		00T -3 FH
(Mailing address MAY BE A POST OFFICE BOX)		A 50
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>er</u>	nter the name of the new registere
Name of New Registered Agent:	· <del>- · - · - · · · · · · · · · · · · · ·</del>	
New Registered Office Address:		
	Enter Florida street ac	ldress
		, Florida
	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 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
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		<del></del>	□Remove
			□Change
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			□Remove
			∏ Change

is filed.  ated	
record specifies a delayed effective date, but not an effective time, at 12:0	01 a.m. on the earlier of: (b) The 90th day after the
an effective date is listed, the date must be specific and cannot be prior to date of fit ofe: If the date inserted in this block does not meet the applicable statute ocument's effective date on the Department of State's records.	uing or more than 90 days after filing.) Pursuant to 605.020 ory filing requirements, this date will not be listed a
fective date, if other than the date of filing:	(optional)
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