L24000192931

(Requ	restor's Name)	
(Addr	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Busin	ness Entity Nam	ne)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	





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COVER LETTER

TO:	Registration Sec Division of Corp	tion , orations	•	
SUBJEC	CARTGAT	YENTURES LLC		
MODUEN	U1:	Name of Lim	ited Liability Company	
The encl	losed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspon	dence concerning this matter	to the following:	
		MICHAEL KULICK		
			Name of Person	
			Firm/Company	
		8850 HIDDEN ACRES D	RIVE	
			Address	
		BOYNTON BEACH		
			City/State and Zip Code	
		MIKEKULICK87@GMAI	L.COM to be used for future annual report notif	E:
For furth	ner information co	ncerning this matter, please ca		reation)
МІСНА	EL KULICK		954 673-3500 at ()	
	Name of I	Person	Area Code Daytime	e Telephone Number
Enclosed	l is a check for the	following amount:		
₩ \$25.	00 Filing Fee	☐ \$30.00 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 Address:		Street Address:	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARTGATE VENTURES LLC		
(Name of the Limited	Liability Company as it now appears on our records A Florida Limited Liability Company)	<u>r.</u>)
The Articles of Organization for this Limited Lia lorida document number L24000192931		and assigned
This amendment is submitted to amend the follow		
A. If amending name, enter the new name of the second seco	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B	ox)	
B. If amending the registered agent and/or reg		the name of the new regis
gent and/or the new registered office address	<u>here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		. —
	Enter Florida street address	
	, Flo	rida
	Cin	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
MGR	KYLE ROBERTSON	8850 HIDDEN ACRES DRIVE	□Add
		BOYNTON BEACH, FL 33473	■ Remove
			□Change
<u>.</u>			□Add
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			□Remove

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	05/02/2024
ective	date, if other than the date of filing: (optional) ve 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 605.020
offecti	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
<u>:e:</u>	's effective date on the Department of State's records.
<u>e:</u> If t	3 circuite date of the Department of State's records.
<u>:e:</u>	s circuite date on the Department of State's records.
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te: If t ument cord sp s 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

Filing Fee: \$25.00