

1/7/2020

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

L19000211043

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To: Division of Corporations  
Fax Number : (850)617-6383

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BELGIAN CARRIERS LLC**

Certificate of Status	0
Certified Copy	1
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2020 JAN 29 PM 1:11

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JAN 30 2020



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1/8/2020 3:24:23 PM PAGE 1/001 Fax Server



January 8, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

BELGIAN CARRIERS LLC  
26234 SW 126TH COURT  
HOMESTEAD, FL 33032US

SUBJECT: BELGIAN CARRIERS LLC  
REF: L19000211043

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Please check the proper box for TORRANCE JONES/MGR

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

FAX Aud. #: R20000006447  
Letter Number: 620A00000504

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BELGHAN CARRIERS LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/19/2019 and assigned Florida document number L19000211043

This amendment is submitted to amend the following:

A. 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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Alfreda G Jones	26234 SW 126TH COURT HOMESTEAD, FL 33032	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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