L11000000 2938

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400344869574

09/20/20--61006--010 ++25.00

2020 ET 20 PH 2: 1

Amend

JUN 1 0 2020 I ALBRITTON

COVER LETTER

TO: Registration Se Division of Cor			
CHD ICCT.	CARRIER CONCER	*T< 1.LC.	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	PETER A	J. PALOV Name of Person	
	CARRIER C	EINCEPTS LLC Firm/Company	
	75 3. CORTEZ	AVEAddress	
		S, FL 32708	
		City/State and Zip Code S LLC & GMAIL, COM to be used for future annual report not	
For further information c	oncerning this matter, please ca	·	
PETER N.	PALON	at (<u>321</u>) <u>287-</u> Area Code Daytim	143'3
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)
Mailing Address		<u>Street Address:</u> Registration Se	etion
Registration (Division of C	Corporations	Division of Cor	
P.O. Box 632	7	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARRIER	CONCEPTS 1.	LC.			
(Name of the Limited	CONCEPTS L Liability Company as it no Visionida Limited Liability Co	ompany)	ords.)		
The Articles of Organization for this Limited Lia Florida document number <u>L 110000029</u>	bility Company were file	,	4	_ and assigned	
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	the limited liability com	ipany here:			
The new name must be distinguishable and contain the wo	rds "Limited Liability Compa	my," the designation "	LLC" or the abbr	eviation "L.L.C."	
Enter new principal offices address, if applica	ble:				
(Principal office address MUST BE A STREET	ADDRESS)			~	
Enter new mailing address, if applicable:				Den Little	
(Mailing address MAY BE A POST OFFICE B	OX)		·	0	
manny dances were borre our or regul	<u></u>			2 5	
B. If amending the registered agent and/or registered office address		on our records, <u>en</u>	ter the name	of the new Pregiste	ree
Name of New Registered Agent:	PHILLIP). THURSTO,	N JR		
New Registered Office Address:	77.3 PRIOR	FLACE Enter Florida street ad	dress		
	PALM HAREO	<u>e</u>	Florida	31683 Zip Code	
New Registered Agent's Signature, if changing Ro	gistered Agent:				
I hereby accept the appointment as registered	avent and agree to act	in this capacity.	l further avre	e to comply with i	he

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
MUR	PHILLIP J. THURSTON JR	773 PRIOR PLACE	ĎAdd
		PARM HARBOR, FL 3/1463	□ Remove
			□Change
MGR SONIA A. COOK	SONIA A. COOK	773 PRIOK FLAUE	□Add
		Phim HARROX, FL 3/1603	Remove
			□Change
		15.14.41.4	□Add
			□Remove
			□Change
		□Add	
			□ Remove
			Change
			□Add
			□ Remove
			🗆 Add
			🗆 Remove

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e <u>Note:</u>	tive date, if other than the date of filing:
the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dateo	1 05/16/2020).
	Signature of a member or authorized representative of a member
	PETER N. PALOV Typed or printed name of signee

Filing Fee: \$25.00