

LI 000 137935

(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



400254777834

12/27/13--01024--006 **30.00

FILED
13 DEC 27 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DONAL CARRIER SERVICES LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ERIC RODRIGUEZ
Name of Person

DONAL CARRIER SERVICES LLC
Firm/Company

6000 NW 97 AV UNIT #20
Address

DONAL FL 33178
City/State and Zip Code

MOUAWAD@MSN.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIC RODRIGUEZ at (305) 519-5546
Name of Person Area Code Daytime Telephone Number

RECEIVED
13 DEC 27 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

DONAL CARRIER SERVICES 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 12/07/2011. and assigned Florida document number L 11000137935.

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 end with 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)

11093 NW 138st UNIT 212
HIWEEAH FL 33013.

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:

ERIC RODRIGUEZ.

New Registered Office Address:

11093 NW 138st UNIT 212

Enter Florida street address

HIWEEAH

Florida

33013.

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

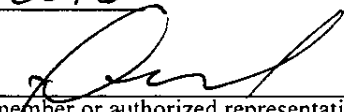
Title	Name	Address	Type of Action
MGRM.	JOSE T FLORES	10680 NW 37 TERRACE	<input type="checkbox"/> Add
		DORAL FL 33178	<input checked="" type="checkbox"/> Remove
MGRM	ERIC RODRIGUEZ	11093 NW 138th Unit 212	<input checked="" type="checkbox"/> Add
		MIRALEAH FL 33013.	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

BEYOND THE STATE
 TALLAHASSEE, FLORIDA
 3 DEC 27 PM 12:49

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated DEC-26, 2013



Signature of a member or authorized representative of a member
ERIC RODRIGUEZ

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

13 DEC 27 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
571150