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(Do	cument Number)	
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COVER LETTER

TO:

Registration Section

Division of Corporation

SURIECT.

AGIĽE CARRIERS, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

MARYA LABRADOR

Name of Person

AGILE CARRIERS, LLC

Firm/Company

1631 ROCK SPRINGS RD. PMB 363

Address

APOPKA, FL 32712

City/State and Zip Code

MARYALABRADOR@MITMAR.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARYA LABRADOR

,,407<u>,</u>310-5704

Name of Person

Area Code & Daytime Telephone Number

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

AGILE 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 11/13/2012 and assigned Florida document number L12000142787 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 "LLC." 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 Flori	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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = M	nager Ianaging Mer⇒er		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARYA LABRADOR	2760 GRASSMOOR LOO	P Nadd
		APOPKA, FL 32712	Remove
MGRM	JOEL LABRADOR	1631 ROCK SPRINGS RE	O. Add
		PMB 363	Remove
		APOPKA, FL 32712	
			SEGNETARY OF STATE Remove
			Add ; Remove
			Add

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<u> </u>	
- Show day	Signature of a member or authorized representative of a member ya Al. La Grador Typed or printed name of signee
alla	Signature of a member or authorized representative of a member
Mai	42 of Latrador

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