

L130000172190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

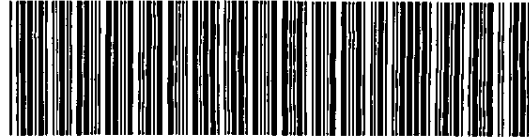
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 11 P 1 2
SEP 11 2014
FILING OFFICE
BOSTON

B. BOSTICK

SEP 17 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARRIER DISPATCH 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:

JENNIFER HERNANDEZ
Name of Person
CARRIER DISPATCH LLC
Firm/Company
8938 SW 150 Ct. Cir. E.
Address
MIAMI, FL 33196
City/State and Zip Code
Mr.-mrsdelanuez@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JENNIFER HERNANDEZ at (786) 738-3298
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
SEP 11 2 10 PM
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CARRIER DISPATCH 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 12-13-13 and assigned Florida document number L13000172190.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED	SEP 11 2013	CLERK OF CIRCUIT COURT
JENNIFER HERNANDEZ		
SOME STREET ADDRESS		
CITY, FLORIDA 32601		

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:

JENNIFER HERNANDEZ

New Registered Office Address:

Same

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.

JENNIFER HERNANDEZ
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CHRISTIAN DELANUEZ	8938 SW 150 CT. C12.E.	<input type="checkbox"/> Add
		MIAMI, FL 33196	<input checked="" type="checkbox"/> Remove
MGR	JENNIFER HERNANDEZ	1439D SW 157 ST.	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33177	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

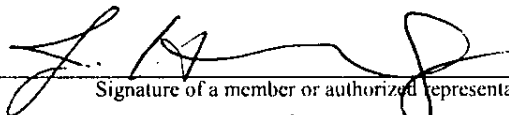
FILED
SEP 11 2011
SEP 11 2011

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)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated AUGUST 27th, 2014.



Signature of a member or authorized representative of a member

Jennifer Hernandez

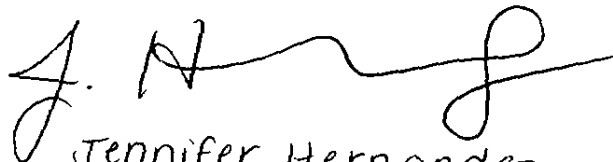
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 SEP 11 PM 1:27
FLORIDA DEPARTMENT OF STATE

I, Jennifer Hernandez, am familiar with and accept the obligations of my new position as MGMR at Carrier Dispatch LLC.


Jennifer Hernandez
August 27, 2014

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CLERK OF COURT
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CLERK OF COURT