# L14000130607

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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT

# **Exclusive Transport Unlimited 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:

# Shirley Charafardin

Name of Person

## **Exclusive Transport Unlimited LLC**

Firm/Company

PO BOX 273148

Address

Boca Raton, FL 33427

City/State and Zip Code

shirleychara17@gmail.com

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

For further information concerning this matter, please call:

## Shirley Charafardin

Name of Person

786, 338-1099

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

Exclusive Transport Unlimited LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000130607</u>	y were filed on 08/20/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Limited Lia"	bility Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		-
		2 2
Enter new mailing address, if applicable:	PO BOX 273148	- n T)
(Mailing address MAY BE A POST OFFICE BOX)	Boca Raton, FL 33427	- O C!
		10ml 12
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	-
	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Johanna Allen	Po Box 273148, Boca Raton, FL 33427	Z Add
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Effective date, if other than the date of filing:  (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  Multip Manafandin  Signature of a member or authorized representative of a member  Shirley Charafardin	. If amen	ending any other information, enter change(s) here: (Attach additional shee	ets, if necessary.)
(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	_		
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Dated	(The effec	ective date must be specific, cannot be prior to date of receipt or filed date and cannot be more that	(optional) nn 90 days after
	the date	this document is filed by the Florida Department of State)	
Multy Charafardin Signatur of a member or authorized representative of a member Shirley Charafardin	Dated _	· · · · · · · · · · · · · · · · · · ·	
Signature of a member or authorized representative of a member  Shirley Charafardin		- Shuley Charafadin	
Shirley Charafardin		Signature of a member or authorized representative of a member	per
Typed or printed name of signee		Shirley Charafardin	

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Filing Fee: \$25.00

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