

L15000055135

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7:10:00 PM

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TRANSPORTATION CARRION L.L.C

\_\_\_\_\_  
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:

GABRIELA I CARRION/HELEN RODRIGUEZ

\_\_\_\_\_  
Name of Person

TAXSMART ACCOUNTING SERVICES LLC

\_\_\_\_\_  
Firm/Company

6653 POWERS AVE STE 136

\_\_\_\_\_  
Address

JACKSONVILLE, FL 32217

\_\_\_\_\_  
City/State and Zip Code

TAXSMARTCORP@GMAIL.COM

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

For further information concerning this matter, please call:

HELEN RODRIGUEZ

904 733-0027  
at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

TRANSPORTATION CARRION L.L.C

(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 03/27/2015  
Florida document number L15000055135

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 contain 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)**

6653 POWERS AVE STE 136

JACKSONVILLE, FL 32217

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

6653 POWERS AVE STE 136

JACKSONVILLE, FL 32217

**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:

TAXSMART ACCOUNTING SERVICES LLC

New Registered Office Address:

6653 POWERS AVE STE 136

Enter Florida street address

JACKSONVILLE

City

Florida FL 32217

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**

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and assigned  
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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>	<u>Address</u>	<u>Type of Action</u>
MGR	EFRAIN CARRION SR	845 CARROLTON DR	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32208	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GABRIELA I CARRION	845 CARROLTON DR	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32208	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	EDUARDO E CARRION	845 CARROLTON DR	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32208	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

[illegible]

**E. Effective date, if other than the date of filing:** 07/22/2015 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing ) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated \_\_\_\_\_, \_\_\_\_\_

Gabriela Carrion  
Signature of a member or authorized representative

Gabriela Carrion

Typed or printed name of signee

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