To: +18506176383

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Corporate Filing Menu

Help

Registration Section

To: -18506176383

TO:

COVER LETTER

Division of Co	rporations			
	LY CARRIERS LLC			
SUBJECT:	Name of Lim	ted Liability Company		
The eactosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	LEON AGUILAR, AMAD	00		
	Name of Person			
	AMAIDALY CARRIERS	LLC		
	Firm/Company			
	6940 RALSTON PLACE I	DRAPT 201		
		Address		
	TAMPA, FL 33614			
		City/State and Zip Code	 	
	amaidaly	(@hotmail.com to be used for future annual report notifie	- Indian	
			acion	
For further information	concerning this matter, please c	all:		
LEON AGUILAR, AM	ADO	813 2706026		
Name	of Person	at ()	Telephone Number	
Enclosed is a check for	the following amount:			
₩ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)	
Malling Address Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations Hahassee Street, Suite 810	

To: +18506176383

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION OF AMAIDALY 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 $\frac{04/21/2015}{1}$ Florida document number _____L15000070662 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 "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 Florida street address

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.

Cie

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

To: +18506176383

Title	Name	Address	Type of Action
MGR	LOPEZ, LILLIAM LOURDES	8815 ATTERN LN	■Add
		JACKSONVILLE, FL 32216	
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