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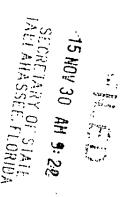
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
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COVER LETTER

Divi	sion of Corpo	rations		
SUBJECT:		T CARRIERS LLC.		
Sebucer.		Name of Limite	ed Liability Company	
The enclosed	Articles of An	nendment and fee(s) are subm	itted for filing.	
Please return	all corresponde	ence concerning this matter to	the following:	
		BLAKE CARAWAY		
			Name of Person	
		TRANSMART CARRIERS	LLC.	
			Firm/Company	
		1839 SOUTH DIXIE HWY		
			Address	
		POMPANO BEACH, FLOR	RIDA 33060	
			City/State and Zip Code	
		TRANSMARTCARRIERS1(
	•	E-mail address: (to	be used for future annual report notificati	ion)
For further in	formation cond	cerning this matter, please call	l:	
KEVIN BUG	CKHALTON	_	954 940-8333 at ()_	
	Name of Pe	erson	at () Area Code Daytime Tel	lephone Number
Enclosed is a	check for the f	following amount:		
□ \$25.00 F	iling 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:

TO:

Registration Section

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

TRANSMART 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 AUGUST 26,2015 and assigned Florida document number <u>L15</u>000146453 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) 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 City

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 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>	Address	Type of Action
MGR	NICOLE L. HOWFIELD	20636 N.E. 7TH CT. MIAMI,FL. 3 <i>31 79</i>	🗖 Add
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n effective date is listed, the date must b			0 days after filing.) Pursuant to 60	_
<u>te:</u> If the date inserted in this bloc cument's effective date on the Dep		ne statutory ming require	ments, this date will not be its	sieu a
record specifies a delayed	effective date, but not	an effective time, at	: 12:01 a.m. on the earl	lier (
The 90th day after the recor	d is filed.	·		
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ted NOVEMBER 25	2015			
ted NOVEMBER 25	, 2015	- <i>·</i>		
ted	ignature of a member or authori	-		

Page 3 of 3

Filing Fee: \$25.00