

L15000146453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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(Business Entity Name)

(Document Number)

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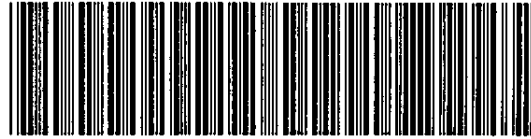
Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

CORRECTION TO DOC PER  
CONVERSATION WITH  
KEVIN BUCKHALTON

11/8/2016  
KS

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2016 NOV - 7 PM 4:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

NOV - 8 2016

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TRANSMART CARRIERS 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:

KEVIN BUCKHALTON / JOVAN WATSON

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

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

2400 NE 65TH STREET APT 621

\_\_\_\_\_  
Address

FORT LAUDERDALE / FLORIDA. 33308

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

Kbuckhalton@gmail.com

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

For further information concerning this matter, please call:

Kevin Buckhalton

954

940-8333

at (\_\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_  
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**

TRANSMART CARRIERS LLC.

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
2016 NOV -7 PM 4:27  
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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on August 26, 2015 and assigned  
Florida document number L15000146453.

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)**

1839 South Dixie HWY

Pompano Beach, Florida. 33060

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

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

1839 South Dixie HWY

Pompano Beach, Florida. 33060

**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:

Kevin Buckhalton

New Registered Office Address:

1839 South Dixie

*Enter Florida street address*

Pompano Beach

*City*

, Florida 33060

*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 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>
<u>VP</u>	<u>Blake Caraway</u>	<u>732 Glennridge Road</u>	<input type="checkbox"/> Add
		<u>Key Biscayne, Fl. 33149</u>	<input type="checkbox"/> Remove
		<u></u>	<input checked="" type="checkbox"/> Change
<u>MGR</u>	<u>Russell Jones</u>	<u>168 S.W. 6th Court</u>	<input type="checkbox"/> Add
		<u>Pompano Beach, Fl. 33060</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>Pres</u>	<u>Jovan Watson</u>	<u>2400 NE 65th Street Apt. 621</u>	<input checked="" type="checkbox"/> Add
		<u>Fort Lauderdale, Fl. 33308</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Kevin Buckhalton</u>	<u>168 SW 6th Court</u>	<input checked="" type="checkbox"/> Add
		<u>Pompano Beach, Fl. 33060</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
		<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
		<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

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

Please Add the Change of Address that's Listed  
on the Address page. Thank You.

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

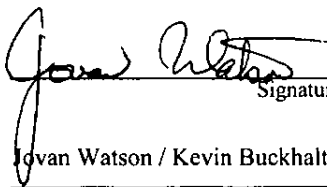
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 November 3, 2016



Signature of a member or authorized representative of a member

Jovan Watson / Kevin Buckhalton

Typed or printed name of signee