

L16000029658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

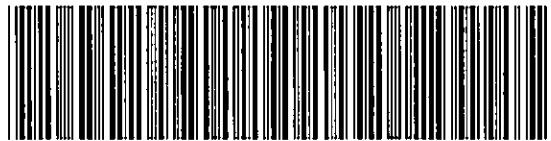
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATION
18 JUN 29 PM 12:17

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JUL 02 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARTRIGHT TRANSPORT 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:

KYLE MARTIN

Name of Person

CARTRIGHT TRANSPORT LLC

Firm/Company

5620 COUNTY RD 631C

Address

BUSHNELL, FLORIDA 33513

City/State and Zip Code

carhauler5620@gmail.com

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

For further information concerning this matter, please call:

KYLE MARTIN

352 571-0476
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**

CARTRIGHT TRANSPORT 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 3/4/2018 and assigned
Florida document number L16000029658.

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)

5620 COUNTY RD. 631C

BUSHNELL, FLORIDA 33513

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5620 COUNTY RD 631C

BUSHNELL, FLORIDA

SECRETARY OF STATE
DIVISION OF CORPORATIONS
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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:

KYLE MARTIN

New Registered Office Address:

5620 COUNTY RD 631C

Enter Florida street address

BUSHNELL

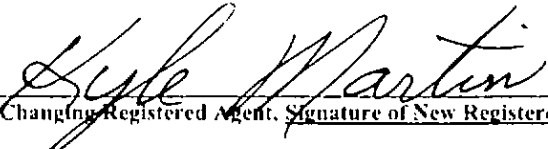
City

Florida 33513

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>
MGR	SANDRA PERRY	3100 HARTFORD ST. N. #114	<input type="checkbox"/> Add
		ST. PETERSBURG, FLORIDA 3	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ERNIE MARTIN	6251 44th. STREET NO. #8	<input type="checkbox"/> Add
		PINELLAS PARK, FLORIDA 337	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KYLE MARTIN	5620 COUNTY RD 631C	<input checked="" type="checkbox"/> Add
		BUSHNELL, FLORIDA 33513	<input type="checkbox"/> Remove
			<input 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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DIVISION OF INFORMATION COLLECTION
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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.

Dated 6-26 2018

Kyle Martin
Signature of a member or authorized representative of a member

Kyle Martin
Typed or printed name of signer