## L16 0000 53401

•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Numb)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900285793339

05/17/16--01008--024 \*\*25.00



MAY 2 0 2016 J SHIVERS

## **COVER LETTER**

	ration Sec n of Corp						
	DLUTION	CARRIER SERVICES LLC					
SUBJECT:		Name of Limi	ited Liability Company				
The enclosed Ar	rticles of A	Amendment and fee(s) are sub	mitted for filing.				
Please return all	correspor	ndence concerning this matter	to the following:				
		1.	AZARA M RODRIGUEZ				
			Name of Person	<del></del>			
		SOLUTI	ON CARRIER SERVICES LLC				
<i>f</i>			Firm/Company				
			3182 W 78 ST				
			Address				
			HIALEAH, FL 33018				
			City/State and Zip Code				
		F 1 - 11 /	bestcarrierservices@gmail.com	G			
	•		to be used for future annual report noti	neation)			
For further info	rmation co	oncerning this matter, please ea	all:				
	LAZARA	M RODRIGUEZ	786 597-0058 at ()				
	Name of	Person	Area Code Daytin	e Telephone Number			
Enclosed is a ch	neck for th	e following amount:					
\$25.00 Filin	ng 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)			
	Registr	ING ADDRESS: ation Section n of Corporations	STREET/COUR Registration Section Division of Corpo	on			

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	N CARRIER SERVICES LLC
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Conforda document number L16000053401	mpany were filed on 03/15/2016 and assigned
This amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limite	ed liability company here:
he new name must be distinguishable and contain the words "Limite	d 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 ADDRE	<u></u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registeregistered agent and/or the new registered office addre	ered office address on our records, <u>enter the name of the ness here:</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida F
New Registered Agent's Signature, if changing Registered A	City Zip Code Agent:
	nd agree to act in this capacity. I further agree to comply with t

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
President	PEDRO I RODRIGUEZ	3182 W 78 ST HIALEAH, FL 330	Add
			Remove
			□ Change
			🗀 Remove
			☐ Change
			☐ Remove
			☐ Change
			Remove
			Change
			Add
			Remove
			☐ Change
			Add
			Remove
			Change

,			***************************************				_	-
					<del> </del>			-
								-
								-
			, _,			_		-
								-
								_
								_
						_		
		1.2.	<del></del>	<del></del> ,				-
				. <u>_</u>				-
								_
								-
			·			<u>بن خشر</u> 	. 5	-
			<del></del>	<del></del>		<u> </u>	31	_
						次芸	~<.	
						<u> </u>	7	 ;
								- [ ]
						<u> </u>	7: 3	• "
reffective date is listed.   te: If the date inserte	than the date of file the date must be specific a d in this block does no e on the Department o	and cannot be prior of the meet the application	able statutory fili	more than 90 da	(optiona ys after filir its, this da	ıg:) Pursu	#⊞a ant to 6€ of be lis	05.026 sted a
	delayed effective		t an effective	time, at 12	:01 a.m	ı. on th	e earl	ier
e 1	r the record is file	u.						
1 0/1	10	. 2016	·					
ted Warf		Wasi	د'					

Page 3 of 3

Filing Fee: \$25.00