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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 16, 2016

TERRENCE FRANCIS 5197 CINDERLANE PKWY APT 515 ORLANDO, FL 32808

SUBJECT: AFFILIATED CARRIERS LLC

Ref. Number: L16000160255

We have received your document for AFFILIATED CARRIERS LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 616A00026795

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO:	Registration Sec Division of Corp			
OUD		ED CARRIERS LLC		
SUB	JECT:	Name of Limi	ted Liability Company	
The e	enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Pleas	se return all correspon	ndence concerning this matter t	to the following:	
		TERRENCE FRANCIS		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		AFFILIATED CARRIERS		
			Firm/Company	
		5197 CINDERLANE PAR	KWAY APT 515	
			Address	
		ORLANDO FL 32808		
			City/State and Zip Code	
		AFFILIATEDCARRIERSL	•	
		E-mail address: (t	to be used for future annual report notific	eation)
For f	urther information co	oncerning this matter, please ca	all:	
TER	RENCE FRANCIS		321 7329723 at ()	
	Name of	f Person		Felephone Number
Encl	osed is a check for th	e following amount:		
S	S25.00 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:

TO:

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

AFFILIATED CARRIERS LLC			
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L16000160255	were filed on 08/23/2016	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applicable:	5197 CINDERLANE PARKWAY APT 515		
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO FL 32808		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	Citv	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>	Address	Type of Action
MGR	GLANVILLE LEVY	5197 CINDERLANE PARKWAY	■ Add
		APT 515 ORLANDO FL 32808	Remove
			Change
			□ Add
			Remove
			Change
	THE RESIDENCE OF THE PERSON OF		Add
			Remove
		<u></u>	Change
			Add
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	nust be specific and o	cannot be prior to d	late of filing or more the statutory filing requ	(optional) an 90 days after filing.) I	Pursuant to 605.0207
If an effective date is listed, the date r Note: If the date inserted in this				,	
If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the he record specifies a delay	Department of Street effective date	tate's records.			
If an effective date is listed, the date is Note: If the date inserted in this document's effective date on the he record specifies a delay. The 90th day after the r	Department of Street effective date	tate's records.			
If an effective date is listed, the date is Note: If the date inserted in this document's effective date on the he record specifies a delay. The 90th day after the r	Department of Street effective date	ate's records. ate, but not a			
he record specifies a delay The 90th day after the r	Department of State ded effective date decord is filed.	ate, but not a 2016		at 12:01 a.m. o	

Page 3 of 3

Filing Fee: \$25.00