

02/27/2017 MON 16:08 FAX

2/27/2017

001/007

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H17000055293 3))



H170000552933ABC%

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : PROMINENT SERVICES INC  
Account Number : I20150000063  
Phone : (305)889-2880  
Fax Number : (305)889-2881

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: underwriters@psi.companies.com

17 FEB 27 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
XCLUSIVE ROAD CARRIER LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

2017 FEB 27 PM 4:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 28 2017

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

(H17000055293 3)

02/27/2017 MON 16:10 FAX

0004/007

(H17000055293 3)

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** XCLUSIVE ROAD CARRIER 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:

LISBETH MALDONADO

Name of Person

XCLUSIVE ROAD CARRIER LLC

Firm/Company

3440 MONTANO AVENUE

Address

SPRING HILL, FL 34609

City/State and Zip Code

UNDERWRITERS@PSICOMPANIES.COM

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

For further information concerning this matter, please call:

LISBETH MALDONADO

at ( 786 ) 910-1737

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 FEB 27 AM 8:50

(H17000055293 3)

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

(H170000552933)

XCLUSIVE ROAD CARRIER 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 08/29/2016 and assigned  
Florida document number L16000162036.

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)**

3440 MONTANO AVENUE

SPRING HILL, FL 34609

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

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

3440 MONTANO AVENUE

SPRING HILL, FL 34609

SECRETARY OF STATE  
 17 FEB 27 AM 8:50  
 TALLAHASSEE, FL 32399

**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*

\_\_\_\_\_, Florida

City

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

(H170000552933)

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(H17000055293 3)

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BUYNS PERERA	921 EAST 9 STREET	<input type="checkbox"/> Add
		HIALSAH, FL 33010	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
 17 FEB 27 AM 8:50  
 TALLAHASSEE, FLORIDA  
 SECRETARY OF STATE

(H17000055293 3)

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

(H 170000552933)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 FEB 27 AM 8:50

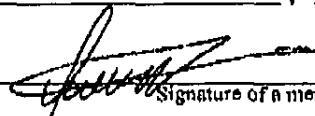
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 FEBRUARY 27, 2017

  
\_\_\_\_\_  
LISBETH MALDONADO  
\_\_\_\_\_  
Typed or printed name of signer

Signature of a member or authorized representative of a member

(H 170000552933)