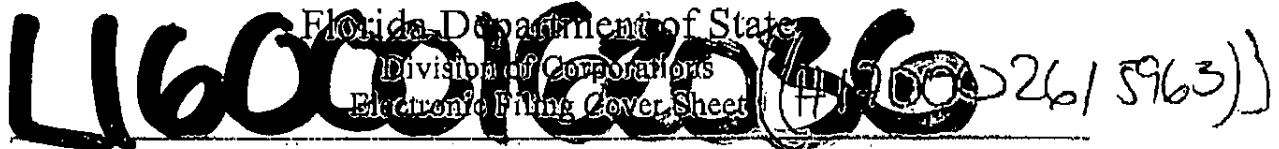


10/4/2017

Division of Corporations



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.

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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: _____

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

((H17000261596 3))

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Corporate Filing Menu

Help

((H170002615963))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: XCLUXIVE 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:

EUYNS PERERA

Name of Person

XCLUXIVE ROAD CARRIER LLC

Firm/Company

3440 MONTANO AVENUE

Address

SPRING HILL, FL 34609

City/State and Zip Code

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

For further information concerning this matter, please call:

EUYNS PERERA

at (786) 910-1737
Area Code Daytime Telephone Number

Name of Person

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

2017 OCT 4 A 10:40
SECRET
TALLAHASSEE
FLORIDA

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

XCLUXIVE 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:

3440 MONTANO AVENUE

(Principal office address **MUST BE A STREET ADDRESS**)

SPRING HILL, FL 34609

Enter new mailing address, if applicable:

3440 MONTANO AVENUE

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

SPRING HILL, FL 34609

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:

EUYNS PERERA

New Registered Office Address:

3440 MONTANO AVENUE

Enter Florida street address

SPRING HILL

City

Florida

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

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TALLAHASSEE, FLORIDA

((H1700026/5963))

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	ARIEL MORELL	3440 MONTANO AVENUE	<input type="checkbox"/> Add
		SPRING HILL, FL 34609	<input checked="" 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
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			<input type="checkbox"/> Change

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 29 OCT 11
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 TALLAHASSEE, FLORIDA

((H1700026/5963))

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

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 _____ earlier of:
(b) The 90th day after the record is filed.

Dated OCTOBER 03

2017

Signature of a member or authorized representative of a member

EUYNS PERERA

Typed or printed name of signer

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TALLAHASSEE, FLORIDA

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