

L17000058453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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10/31/17--01001--025 **25.00

17 OCT 30 AM 8:49

2017 OCT 30 AM 8:19

FALL AS 6:00 PM

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COVER LETTER

O: Registration Section
Division of Corporations

SUBJECT: BELLACRUZ CARRIER COMPANY LLC

Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

use return all correspondence concerning this matter to the following:

IDANIA HERNANDEZ

Name of Person

V.I.S TAX & IMMIGRATION CORP

Firm/Company

1198 WEST 23 ST, STE 2

Address

HIALEAH, FL 33010

City/State and Zip Code

VISINFO2004@GMAIL.COM

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

For information concerning this matter, please call:

HERNANDEZ

305

863-7772

at ()

Name of Person

Area Code

Daytime Telephone Number

a check for the following amount:

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**

BELLACRUZ CARRIER COMPANY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

These Articles of Organization for this Limited Liability Company were filed on 03/14/2017 and assigned
file number L17000058453.

If an amendment is submitted to amend the following:

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."

If changing principal offices address, if applicable:

4581 EAGLE KEY CIR

(Principal office address MUST BE A STREET ADDRESS)

NAPLES, FL 34112

If changing mailing address, if applicable:

4581 EAGLE KEY CIR

(Mailing address MAY BE A POST OFFICE BOX)

NAPLES, FL 34112

If changing 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:

YAISMARY GIL

New Registered Office Address:

4581 EAGLE KEY CIR

Enter Florida street address

NAPLES

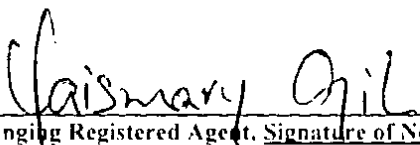
Florida 34112

City

Zip Code

Registered Agent's Signature, if changing Registered Agent:

*I accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
full statutes relative to the proper and complete performance of my duties, and I am familiar with and
obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is
merely reflect a change in the registered office address, I hereby confirm that the limited liability
has been notified in writing of this change.*


If Changing Registered Agent, Signature of New Registered Agent

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

IGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|--------------------|--|
| IGR | RAUL DIAZ | 4581 EAGLE KEY CIR | <input type="checkbox"/> Add |
| | | NAPLES, FL 34112 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| BR | LESLEY SILVA | 4581 EAGLE KEY CIR | <input type="checkbox"/> Add |
| | | NAPLES, FL 34112 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | YASMARY GIL | 4581 EAGLE KEY CIR | <input checked="" type="checkbox"/> Add |
| | | NAPLES, FL 34112 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | JESUS W. RAMIREZ | 4581 EAGLE KEY CIR | <input checked="" type="checkbox"/> Add |
| | | NAPLES, FL 34112 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | 4581 EAGLE KEY CIR | <input type="checkbox"/> Add |
| | | NAPLES, FL 34112 | <input checked="" type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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

N/A

17 OCT 30 AM 8:49

Effective date, if other than the date of filing: 10/24/2017 (optional)

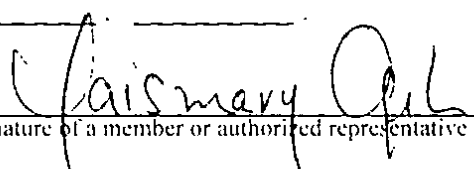
If the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the member's effective date on the Department of State's records.

Record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
90th day after the record is filed.

OCTOBER 24

2017


Signature of a member or authorized representative of a member

YAISMARY GIL

Typed or printed name of signer