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## **COVER LETTER**.

FO;		istration Sect sion of Corpo			
2110 113		CARLY'S TF	RANSPORT LLC		
SUBJE	.CT:		Name of Limite	ed Liability Company	
The enc	closed	Articles of A	nendment and fee(s) are subm	itted for filing.	
Please r	return	all correspond	lence concerning this matter to	the following:	
			IRMARILIS PEREZ GARO	CIA	
				Name of Person	
			1226 HOLLY HILL RD	Firm/Company	
			DAVENPORT, FL. 33837	Address	
				City/State and Zip Code	·
			E-mail address: (to	be used for future annual report notifica	ition)
For furt	her in	formation con	cerning this matter, please call	l:	
IRMAF	RILIS	PEREZ GAR	CIA	407 4178648 ai ()	
		Name of P	erson	Area Code Daytime T	elephone Number
Enclose	ed is a	check for the	following amount:		
\$25	5.00 Fi	iling 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

CARLY'S TRANSPORT LLC	<u></u> .	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited)	iny as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company dorida document number L17000150596	were filed on 07/13/2017	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:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1226 HOLLY HILL RD	
Principal office address MUST BE A STREET ADDRESS)	DAVENPORT, FL. 33837	
		7A SE
Enter new mailing address, if applicable:	1226 HOLLY HILL RD	AUG 2
Mailing address MAY BE A POST OFFICE BOX)	DAVENPORT, FL. 33837	77.
3. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		enter-the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	
	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

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>	Type of Action
MGR	CARLOS R. ZAMORA	1226 HOLLY RD	
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		DAVENPORT, FL. 33837	
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ective date, if other than the	date of filing:st be specific and cannot be prior to date of filing	or more than 90 days after filing.) Pursuant to	605.02
	ock does not meet the applicable statutory		
ne 90th day after the rec			rlier
ed AUGUST 20	Signature of a member or authorized represent		
1.	$\mathcal{L}_{\bullet}'$		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00