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(Ad	idress)	
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(Do	ocument Number)	
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COVER LETTER

	Registra Division						
SUBJEC		hty Carri	ers LLC				
SUBJEC	.li	Name of Limited Liability Company					
The enclo	osed Artic	cles of A	mendment and fee(s) are sub	omitted for filing.			
Please ret	turn all co	orrespon	dence concerning this matter	to the following:			
			Roei Aviel				
			Mighty Carriers LLC	Name of Person			
			3461 NW 19th Street	Firm/Company			
			Lauderdale Lakes, FL 333	Address			
			adva@allroadsexpress.com	City/State and Zip Code			
			E-mail address: (to be used for future annual repo	ort notification)		
For furthe	er inform	ation con	cerning this matter, please co	all:			
Roci Avi	el			754 245-14	107		
	1	Name of P	erson	Area Code	Daytime Telephone Number		
Enclosed	is a check	k for the	following amount:				
\$25.0	0 Filing I	Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status & Certified Copy (additional copy is enclose		

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

FILED Mighty Carriers LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company Alts 30 45 The Articles of Organization for this Limited Liability Company were filed on 08/22/2019 (F) The E Florida document number _____17000178812 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." 3461 NW 19th Street Enter new principal offices address, if applicable: Lauderdale Lakes, FL 33311 (Principal office address MUST BE A STREET ADDRESS) 3461 NW 19th Street Enter new mailing address, if applicable: Lauderdale Lakes, FL 33311 (Mailing address MAY BE A POST OFFICE BOX) 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

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

__. Florida ___

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

Title	Name	Address	Type of Action
			Add
			□ Remove
			Change
	-		
			Remove
			Change
			
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etiv	date, if other than the date of filing: (ontional)
effect	date, if other than the date of filing: (optional) ive 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 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
	the date inserted in this block does not meet the applicable statutory fining requirements, this date will not be listed t's effective date on the Department of State's records.
eco	'd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier Oth day after the record is filed.
ed X	8/28/19
<i>/</i> -	
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00