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## **COVER LETTER**

Division of	on Section ; of Corporations	
Green	1 Light Carriers LLC	
SOBJECT.	Name of Limited Liability Company	
The enclosed Article	les of Amendment and fee(s) are submitted for filing.	
Please return all cort	rrespondence concerning this matter to the following:	
	Vincent J. Herryman	
	Name of Person	
	Green Light Carriers LLC	
	Firm/Company	
	6625 Miami Lakes Dr Suite 373	
	Address	
	Miami Lakes, FL 33014	
	City/State and Zip Code	
	greenlightcarriers@aol.com  E-mail address: (to be used for future annual report notification)	
For further informati	ntion concerning this matter, please call:	
Vincent J. Herrymai	0.1	
Na	Jame of Person Area Code Daytime Telephone Number	- 7
Enclosed is a check	c for the following amount:	i i i i i i i
■ \$25.00 Filing Fe	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C	of Status &

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

Green Light Carriers 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  $\frac{09/13/2017}{1}$ and assigned Florida document number L17000191348 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (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: Vincent J. Herryman Name of New Registered Agent: 6625 Miami Lakes Dr, Suite 373 New Registered Office Address: Enter Florida street address Florida 33014 Miami Lakes City

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 anrending 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>	Address	Type of Action
MGR	Vincent J. Herryman	6625 Miami Lakes Dr Suite 373	Add
		Miami Lakes, FL 33014	Remove
			☐ Change
MGR	Mirel Barcelo	6625 Miami Lakes Dr. Suite 373	□ Add
		Miami Lakes, FL 33014	Remove
		<del></del>	☐ Change
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			□ Change
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n effective date,	if other than the date of filing: is listed, the date must be specific and cannot be prior to date of filing or mo	re than 90 days after filing.) Pursuant to 605.020
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λ.	rember 4. 2017.	•
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00