From: Yanet Avila

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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.

(((H210004569873)))



H210004569873ABC9

_		
To:	Philippe of Secondary	5
	Division of Corporations	U
	Fax Number : (850)617-6383	>
From:		AM 10:
	Account Name : EXPRESS CORPORATE FILING SERVICE INC.	<u></u>
	Account Number : I20000000146	_
	Phone : (305)444-4994	
	Fax Number : (305)328-4774	
	the email address for this business entity to be used for future nual report mailings. Enter only one email address please.**	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 3R CARRIERS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

DEC 1 6 2021

A. LUNT

1021 DEC 15 PH 4:5(

Electronic Filing Menu

Corporate Filing Menu

Help

From: Yanet Avila

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3R CARRIES LLC				
(Name of the Limited Liability Compa (A Florida Limited	any as it now appear	s on our records.)		
	·		202	14.
The Articles of Organization for this Limited Liability Company	were filed on 117.	2112011	— my azzign	rgiç
Florida document number L17000242975			33	25
This amendment is submitted to amend the following:				RY CHAIN
A. If amending name, enter the new name of the limited liab	ollity company he	<u>re</u> :	AM 10: 1	357215
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the do	esignation "LLC" or the abb	reviation "L.L.C.	2
Enter new principal offices address, if applicable:			·	
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:			Andreas Andrea	
(Mailing address MAY BE A POST OFFICE BOX)				
	 			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	nddress on our re	ecords, <u>enter the name</u>	of the new re	gistered
Name of New Registered Agent:		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
New Registered Office Address:	Enter Flori	da street address		
	- ,			
	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 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>	Address	Type of Action
p	Youndy Suarez Melgarejo	4025 NW 195 ST	
		MIAMI GARDENS, FL 33055	
		Add	☐Change
	*****		DAdd
			□Remove
			Change
			□Add
	,	· · · · · · · · · · · · · · · · · · ·	□Remove
			☐ Change
			□Add
			□Remove
			Change
		**************************************	□Add
			□Remove
		*** - ********************************	□Change
		•	DAdd
			□Remeve
			Псь

From: Yanet Avila