## L18000057319

(Re	equestor's Name)				
(Ac	ldress)	· · · · · · · · · · · · · · · · · · ·			
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(Cit	ty/State/Zip/Phone	e #)			
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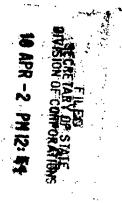
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## **COVER LETTER**

	Registration Sec Division of Corp			
CHRITC		TRANSPORT SERVICES LLO	C	
SUBJEC	·	Name of Limi	ited Liability Company	
The enclo	sed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		HULDA IGLESIAS		
			Name of Person	
		CARRIER TRANSPORT	SERVICES LLC	
			Firm/Company	
		1733 NE 56TH CT		
			Address	
		FORT LAUDERDALE, FI	L, 33334	
			City/State and Zip Code	
		huldilg21@yahoo.com		
		E-mail address: (I	to be used for future annual report notifi	cation)
For further	r information co	oncerning this matter, please ca	all:	
HULDA	IGLESIAS		954 294-5071 at ( )	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	0 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

ARRIER TRANSPORT SERVICES I	LLC			
(Name of the Limited	Liability Compa Florida Limited	ny as it now appears on our r Liability Company)	ecords.)	
he Articles of Organization for this Limited Liab lorida document number L18000057319	oility Company	were filed on $\frac{03/04/2018}{}$		and assigned
his amendment is submitted to amend the follow	ving:			
. If amending name, enter the new name of t	he limited liab	ility company here:		
ne new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the designation	"LLC" or the abbrev	iation "L.L.C."
nter new principal offices address, if applicat	ole:	1733 NE 57th CT		
Principal office address MUST BE A STREET	ADDRESS)	FORT LAUDERDALE		
		FL 33334		
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE B	<u>0X)</u>			
3. If amending the registered agent and/or	r registered o	ffice address on our re	cards anter the	refine State
egistered agent and/or the new registered offi	ce address her	e:	corus, enter the	APR
Name of New Registered Agent:	MARIA E. GO	NZALEZ AGUIAR		- PR
New Registered Office Address:	1733 NE 56th			7
		Enter Florida street		7 AZ
	FORT LAUDE		_, Florida <u></u>	
		Citr	_	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>	Address	Type of Action
MGR	MARIA E. GONZALEZ	1733 NE 56TH CT FORT LAUDE	<b>■</b> Add
			□ Remove
			Change
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ective date, if other than the	date of filing			(թլ	ptional)	
effective date is listed, the date muster. If the date inserted in this bloom	be specific and ock does not m	cannot be prior to seet the applicab	date of filing or mo le statutory filing	re than 90 days a requirements,	tter tiling.) Pursu this date will no	ant to 605. ot be liste
ument's effective date on the De	partment of S	tate's records.	, ,			
record specifies a delayed		ate, but not a	an effective ti	me, at 12:0	1 a.m. on th	ie earlie
he 90th day after the reco	ira is filea.					
, MARCH 30		2018				
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	7	and I	<b>-</b> 1		made of the control o	ابند
<del></del>	Signature of a n	nember or authori	zed representative of	of a member		35
						<b>25</b>
MARIA E. GONZALEZ						<b>APA</b>
<del></del>		Typed or printed	name of signee			<del>`</del>

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Filing Fee: \$25.00