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M. MILLIGAN
MAY - 3 2018

## **COVER LETTER**

Division of Corporations
SUBJECT: Carriage Auto Transport Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:
Coaig McKay Name of Person
Carriage Auto transport
3419 Perching Rd.
Saint Cloud /FL 34772 City/State and Zip Code
E-mail Address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Craig Mg/Cy at (450) 615-6125 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

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(Name of the Limited Diability Compa (A Florida Limited	Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000 65217</u> .	were filed on <u>Q3/</u>	15/2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liah	oility company here:		Sold Sold Sold Sold Sold Sold Sold Sold
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the design	ation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			
	<u></u>		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		r records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
Type it together of the state o	Enter Florida s	treet address	
·		, Florida	· · · · · · · · · · · · · · · · · · ·
	City	2	Zip Code
New Registered Agent's Signature, if changing Registered Agent	_		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my provided for in Chap	duties, and I am fami oter 605, F.S. Or, if th	iliar with and his document is

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>	Name	<u>Address</u>	Type of Action
MGR	CRAIG MEKAY	3419 Perching Rd. St Cloud, Fr 347	<b>j</b> ⊠ Add
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iote: I	f the date inserted	in this block does	ic and cannot be prior to date of fil not meet the applicable statute it of State's records.	ing or more than 90 days ry filing requirements.	optional) after filing.) Pursuant to 605.0207 ( , this date will not be listed as t
e reco The S	ord specifies a 90th day after	delayed effect the record is f	ive date, but not an effe iled.	ctive time, at 12:0	)1 a.m. on the earlier of:
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Dated _		Signature	e of a member or authorized repre	entative of a member	
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Dated _		Signatur	ATG MCK	AY	Sella MAY -3
Dated _		Signatur	Typed or printed name of	Ay signed	AND HAY -3 PH 2: 0