

L18 000 207310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

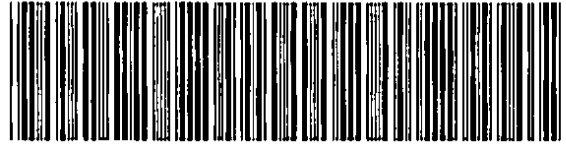
(Business Entity Name)

(Document Number)

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21 NOV 2021 PM 1:27

T. MATTHEWS

DEC - 1 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2021 NOV -8 AM 11:53

October 4, 2021

MICHAEL CROFT *Croft*  
4900 COUNTY RD 381  
WEWAHITCHKA, FL 32465

SUBJECT: CROFT CARRIERS LLC  
Ref. Number: L18000207310

We have received your document for CROFT CARRIERS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

IN ORDER TO FILE AN AMENDMENT, THE ENTITY HAS TO BE ACTIVE IN OUR RECORDS.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews  
OPS

Letter Number: 621A00024013

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Croft Carriers LLC  
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:

Michael Croft  
Name of Person

Croft Carriers LLC  
Firm/Company

4900 County Road 381  
Address

Wewahitchka, FL 32465  
City/State and Zip Code

croftcarriers@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Croft at (850) 819-4705  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Croft Carriers LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

21 FEB -9 PM 1:27

The Articles of Organization for this Limited Liability Company were filed on 8/29/2018 and assigned Florida document number L1800020731D

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4900 County Road 381  
Wewahitchka, FL 32465

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4900 County Road 381  
Wewahitchka, FL 32465

**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

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 Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

21 NOV -2 PM 1:27  
Tyl

NAME	ADDRESS	CITY	STATE	ZIP	ACTION
AMBR	Gloria Croft	4900 County Road 381	FL	32465	<input checked="" type="checkbox"/> Add
		Wewahitchka	FL	32465	<input type="checkbox"/> Remove
					<input type="checkbox"/> Change
					<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

21 NOV - 4 PM 1:27

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 9/21/2021

*Michael E. Croft*

Signature of a member or authorized representative of a member

*Michael E. Croft*

Typed or printed name of signee