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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
☐ PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	





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COVER LETTER

TO:	Registration Se Division of Cor				
SUBJEC		VING CARRIER LLC			
SOBJEC		Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		IGLESIAS, ALEYSANDI	ER		
		Registered Agent	Name of Person		
		5131 NE 18 TER	Firm/Company		
		FORT LAUDERDALE, F	Address L 33308		2010 OCT 24 PM
		HULDILG21@YAHOO.CO	City/State and Zip Code OM		24 PI
For furth	er information c	E-mail address: (concerning this matter, please c	to be used for future annual report notiful.	leation)	نب نب نب
GLESIA	S, ALEYSAND	DER	305 783-6480		3 ·
	Name o	f Person	at () Area Code Daytime	Telephone Number	
Enclosed	Lis a check for th	he following amount:			
Certificate of Status Cert			☐ \$55,00 Filing Fee & Certified Copy tadditional copy is enclosed)	Certified C	of Status &
	Registr	ING ADDRESS:	STREET/COURI Registration Section Division of Corpora	n	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	inv as it now annears on our records \	
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.18000220084}{2.18000220084}$.	were filed on <u>09/17/2018</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:	5131 NE 18 TER	
(Principal office address MUST BE A STREET ADDRESS)	FORT LAUDERDALE, FL 33308	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		-
		•
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the
	<u>. '</u>	
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
Negracied Office Address.	Enter Florida street address	<u> </u>
	, Florida	24
	City:	Zip ζόda 🔀
New Registered Agent's Signature, if changing Registered Agent:		٠٠, ري ن

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>	<u>Address</u>	Type of Action
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E. Effective date, if other than the da	ate of filing:		(optio	nal)	e i
(If an effective date is listed, the date must be <u>Note:</u> If the date inserted in this block document's effective date on the Department.	c does not meet the appl:	icable statutory fi	r more than 90 days after thing requirements, this	filing.) Pursuant to 605 date will not be list	5.0207 (3)(b) ed as the
f the record specifies a delayed e b) The 90th day after the record	ffective date, but n d is filed.	ot an effective	e time, at 12:01 a	.m. on the earli	er of:
Dated OCTOBER 22	2018				
	IIC				
	enature of a member or aut	horized representat	ive of a member		
IGLESIAS, ALEYSANDE	ER				
	Typed or prir	ited name of signee			

Page 3 of 3

Filing Fee: \$25.00