

2/14/2019

Division of Corporations

## Florida Department of State

Division of Corporations

## Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : LAXMY'S CARRIER SERVICES  
Account Number : T20040000007  
Phone : (305)640-0281  
Fax Number : (305)640-0282

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: oail.laxmyscarrier@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
DARREN & PAMELA FAMILY TRANSPORTING LLC**

Certificate of Status	0
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Page Count	01
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2019 FEB 14 PM 3:13

Electronic Filing Menu

Corporate Filing Menu

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**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: DARREN & PAMELA FAMILY TRANSPORTING 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:

DARREN L CUMMINGS

Name of Person

DARREN & PAMELA FAMILY TRANSPORTING LLC

Firm/Company

6749 NW 69TH CT

Address

FORT LAUDERDALE FL 33321

City/State and Zip Code

GAIL.LAXMYSCARRIER@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAXMY CHACON

Name of Person

at 305 640-0281  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
2019 FEB 14 A 6:25  
STATE OF FLORIDA  
TALLAHASSEE

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DARREN & PAMELA FAMILY TRANSPORTING LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/22/2019 and assigned  
Florida document number L19000021667.

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 "LLC."

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)

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

Florida

City

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

Title	Name	Address	Type of Action
MGR	DARREN L CUMMINGS	6749 NW 69TH CT	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE FL 33321	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PAMELA R CUMMINGS	6749 NW 69TH	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE FL 33321	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2019 FEB 14 AM 6:20  
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TALLAHASSEE, FLORIDA

2018 FEB 14 A 6:25  
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PALMACH SEE FLORIDA

2019 FEB 14 A 16:25  
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TALLAHASSEE, FLORIDA

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**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.

Dated FEB 14TH, 2019

Signature of a member or authorized representative of a member.

DARREN L CUMMINGS

Typed or printed name of signer