L19 0000 42870

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	: #)
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(Bu	siness Entity Nan	ne)
(Do	ocument Number)	·
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COVER LETTER

TO:	Registration So Division of Co				
SUBJEC	USA Car C	Carrier, LLC			
		Name of Lin	nited Liability Company		
		Amendment and fee(s) are sub	_		
		Laura Easter			
			Name of Person		
		USA Car Carrier, LLC			
			Firm/Company		
		3280-55A Tamiammi Trai	il Unit #257		
			Address		
		Port Charlotte, FL 33952			
		info@usacarcarrierllc.com	City/State and Zip Code		C)
		E-mail address: (to be used for future annual report notif	cation)	262
For furth	er information c	concerning this matter, please c	all:		′≖ . 1:: .
Laura Ea	ıster		224 254-4347 at ()		
	Name o	f Person		Telephone Number	
Enclosed	is a check for th	he following amount:			2 և
■ \$2 5.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy	Status & y
1	Mailing Addres	s:	Street Address:		

Registration Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

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

(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)		
The Articles of Organization for this Limited Liability Conformed document number L19000042870	npany were filed on 02/12/2019	and assign	ıed
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
he new name must be distinguishable and contain the words "Limited	d 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 ADDRES	<u> </u>		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
			199
		1893	•
3. If amending the registered agent and/or registered ogent and/or the new registered office address here:	ffice address on our records, enter the <u>na</u>	me of the new re	egi:
		——————————————————————————————————————	•
Name of New Registered Agent:			i
New Registered Office Address:		<u> </u>	Į
 	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Charles McLeod	882 State Route 44 W Wildwood, FL 34785	= Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
			□ Remove
			□Change
			Add (2)
			Remove
			i> □Change
			
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fective date, if other than the date of filing: n effective date is listed, the date must be specific and caste: If the date inserted in this block does not measurement's effective date on the Department of States ecord specifies a delayed effective date, but not an is filed.	nnot be prior to date t the applicable st e's records.	of filing or more than 90 atutory filing requiren	nents, this date wi	ll not be listed
June 09	2021			
	n			