## L190001/59a3

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## **COVER LETTER**

TO:	Registration 3 Division of Co					
eun ira		RLIN TRANSPORT LLC				
SUBJE	. I: <u> </u>	Name of Lim	ited Liability Company			
		of Amendment and fee(s) are sub pondence concerning this matter	-			
		SERGIO TORRES				
		Name of Person				
		PAYROLL AND TAX SERVICES LLC  Firm/Company				
	Address HIALEAH, FL 33016					
	•	City/State and Zip Code				
		INFO@PAYROLLANDTAXFL.COM  E-mail address: (to be used for future annual report notification)				
For furth	ner information	concerning this matter, please c	·			
SERGIO	) TORRES		786 401-7873			
	Name	of Person		ne Telephone Number		
Enclosed	l 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)		
	MAI	LING ADDRESS:	STREET/COUR	IER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

MCA CARLIN TRANSPORT LLC		F-11
( <u>Name of the Limited L</u> (A F	ability Company as it now app lorida Limited Liability Compan	ears on our records.) / "
The Articles of Organization for this Limited Liabil Florida document number 1.19000115923  This amendment is submitted to amend the following		04/29/2019 20 JUH - 3 Pand assigned
A. If amending name, enter the new name of the	limited liability company	here:
CARLIN TRANSPORT LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A.		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	Ω	
B. If amending the registered agent and/or registered agent and/or the new registered office	1.4	on our records, enter the name of the new
Name of New Registered Agent:	<u>,</u>	
New Registered Office Address:	Enter 1	lorida street address
		, Florida
_	City	Zip Code
New Registered Agent's Signature, if changing Regis	tered 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
			□ Remove
			☐ Change
			Add
			☐ Remove
		<del></del>	☐ Change
			Add
			□ Remove
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			Change
			Remove
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			Add
			Change

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(If an effective Note: I	tive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	Signature of a member or authorized representative of a member
	Carlos Proportion
	Signature of a member or authorized representative of a member
	Cailos Armente Vos Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00