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SECREMENT OF BUSINESS.

WILLAFASSEFURIORS

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: CAREY TRUCKING 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:
FRED CAREY  Name of Person
Firm/Company
1881 NW 2074 ST 210 Address
MTAM1 CARDENS FL 33056 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
FRED CAREY at (305) 9/6-0409  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, 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

CAREY TRUCKING	LLC
(Name of the Limited Liability Composition (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	
A. If amending name, enter the new name of the limited liab	sility company here:
CARMAR CARRIERS LLC	₩ <b>₩</b>
CARMAR CARRIERS LLC The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the appleviation "L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	13345 NW 1764- MI MIAMZ, FR 33/678 C
	MIAMZ, FR 33/678 C
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office : agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name of the new registered
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

<u>Title</u>	Name	Address	Type of Action
<u>AMBR</u>	EZEKIEL MARCELM	12970 NW 15th Ave	
		MIAMI, FL 33167	□Remove
			□Change
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If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ffect	ive date, if other than the date of filing:(optional)
on eff ote:	fective 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)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
cum	ent's effective date on the Department of State's records.
recor I is fi	d 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 led.
ated	August 25 . 2020.  Ind Cay  Signature of a member or authorized representative of a member
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	Sugnature of a member of aumorized representative of a member
	FRED CARTY
	Typed or printed name of signee