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A. BUTLER AUG 2 6 2022

COVER LETTER

Division of Cor	porations		
SUBJECT. CAR	MAR PARRIER	21 // C	
SUBJECT:	Name of Lim	2J LL C nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.	
		-	
Please return all correspo	ndence concerning this matter	to the following:	
	TRED !	Name of Person	
		Name of Person	
	CARINAK (CARRIERS LLC Firm/Company	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	12345 nu	17H 04	
	13312 1760	19 ^{FL} C+ Address	
		_	
	MIAMI, FL	33/67 City/State and Zip Code	
		•	
	F-mail address:	COARRIERS, COM to be used for future annual report notif	fication)
Dage at the said			, is all with the second of th
For luriner information co	oncerning this matter, please c	air:	
FRED CARI	·V	at $(\frac{3v_5}{\text{Area Code}}) = \frac{9/6 - 2}{\text{Daytime}}$	1409
Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	e following amount:		
X \$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

TO:

Registration Section

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

FILED

CARMAR CARRIERS LLC 7072. (Name of the Limited Liability Company as it now appears on our r (A Florida Limited Liability Company)	ILIN 10 PM 12: 32
(Name of the Limited Liability Company as it now appears on our r (A Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company were filed on	CLINE OF STATE
	and assigned
Florida document number $L 19000283500$	
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 "L.L.C."
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, <u>e</u> agent and/or the new registered office address here:	nter the name of the new registered
agent and/of the new registered vittle and test state.	
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street a	uddress
City	_, Florida 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 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	<u>Name</u>	Address	Type of Action
MGR	BARBLA WARD	187 NW 67HS+ AP13	, ∕∕⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄⁄
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