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(Address)
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,
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PICK-UP WAIT MAIL
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U3/17/20--U1013 --U03 ##25.00



APR 01 2020 S. YOUNG

COVER LETTER

Division of Corpor	ations				
SUBJECT:	R	R A	Carrier	LLC	
		Name of Lin	nited Liability Company		
The enclosed Articles of Am-	endment ar	id fee(s) are sub	omitted for filing.		
Please return all corresponde	nce concer	ning this matter	to the following:		
		Todal	Vys Ramo Name of Person	95	
		RRA	Carrier UC	1 	
	248	260 50	V 129 Path		
			Address		
	Hor	nestea	J FL 3303 City/State and Zip Code	35	
	a 1		City/State and Zip Code		
-	iod	Alvys van E-mail address:	nos@gmail.c	port notification)	
For further information conce	erning this	matter, please c	call:		
Todalys Name of Per	Ram	LOS	at (<u>786</u>) <u>23</u> Area Code	38 -/962 Daytime Telepho	ne Number
Enclosed is a check for the fo	ollowing ar	mount:			
☑ \$25.00 Filing Fee		filing Fee & cate 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)

TO:

Registration Section

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

The Articles of Organization for this Limited Liability Company were filed on February 03

Florida document number 12000040504.

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 Lie	ability 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 offic agent and/or the new registered office address here:	ce address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

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.

City

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>	<u>Address</u>	Type of Action
MGR_	Reladdo F Almanza Diaz	24260 SW 129 Path Homestead &	Z MAdd
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			□Change
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