

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850) 617-6383From:
Account Name : CARRIER COMPLIANCE SERVICES CORP
Account Number : 128170000052
Phone : (305) 809-8157
Fax Number : (305) 809-8441**Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.**Email Address: compliancesvc@gmail.comLLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CUMBERLAND TRANSPORT LLC

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2020 OCT 21 AM 8:14

SECRETARY OF STATE

FILED
2020 OCT 22 PM 3:45
TALLAHASSEE, FLORIDA

V. SULKER

OCT 23 2020

F200003652543

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CUMBERLAND TRANSPORT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/25/2020 and assigned
Florida document number L20000062260

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:

13441 NW 32ND AVE

(Principal office address MUST BE A STREET ADDRESS)

OPA LOCKA, FL 33054

Enter new mailing address, if applicable:

13441 NW 32ND AVE

(Mailing address MAY BE A POST OFFICE BOX)

OPA LOCKA, FL 33054

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ANDY VALDES GARCIA

New Registered Office Address:

13441 NW 32ND AVE

Enter Florida street address


OPA LOCKAFlorida 33054

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

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[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

1

E. Effective date, if other than the date of filing: 10/20/2020 (optional)

Effective date, if other than the date of filing: _____ (optional)
(If an effective 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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated OCTOBER 20TH

2020

Signature of a member or authorized representative of a member

ANDY VALDES GARCIA

Typed or printed name of signee

Filing Fee: \$25.00