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## **COVER LETTER**

Registration Section

TO:

Division of Cor	porations			
	CARTER A A	IND G TRANSPORT LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
		ALAN MARTINEZ		
		Name of Person	· · · · · · · · · · · · · · · · · · ·	
		SIMPLEX GROUP		
		Firm/Company	••	
7500 NW 52ND ST STE 100				
		Address		
		MIAMI, FL 33166	·	
		City/State and Zip Code	· -	
		essingpermits@simplexgroup.net to be used for future annual report not	(Manion)	
			meanon)	
For further information c	oncerning this matter, please c	aii;		
ALAN MARTINEZ / S		at ( <u>305</u> ) <u>599-8287</u>		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne 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 enclose	
Mailing Addres Registration		<u>Street Address:</u> Registration Se	ection	
Division of C	Corporations	Division of Co		
P.O. Box 632 Tallahassee,		The Centre of	Fallahassee oe Street, Suite 810	
rananassee,	FL 34314	2413 N. MONG	ic offect, outle 610	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARTER A AND G TRANSPORT LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 5/4/2020 The Articles of Organization for this Limited Liability Company were filed on \_ \_ and assigned L20000120683 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CARTER I AND G TRANSPORT LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LI.C" or the abbreviation "LI.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, enter the name of the new registered agent and/or the new registered office address here: 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.

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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
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			Remove
			□Change
			□Add
			□Remove
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Filing Fee: \$25.00