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COVER LETTER

	Registration Se Division of Cor					
SUBJEC		VEEL CARRIER, LLC	· •	: *		
SUBJEC	Name of Limited Liability Company					
		Amendment and fee(s) are sub	-			
Please ret	urn all correspo	ndence concerning this matter	to the following:			
		RAMON R LOPEZ				
			Name of Person			
		RAMON R LOPEZ	•			
		-	Firm/Company			
		75 NW 73RD PL				
			Address			
		MIAMI, FL 33126				
		City/State and Zip Code arubenlopez760@gmail.com				
		= :	to be used for future annual repor	t notification)		
For furthe	er information co	oncerning this matter, please c	all:			
RAMON	R LOPEZ		786 857-19 at()			
	Name o	f Person	Area Code D	aytime Telephone Number		
Enclosed	is a check for th	ne following amount:				
■ \$2 5.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 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

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

2020 SEP 21 AM 8: 34

ROAD & WEEL CARRIER, LLC

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

The Articles of Organization for this Limited Liability Compan	y were filed on	and assigned
Florida document number L20000195499		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
ROAD & WHEEL CARRIER, LLC		
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "Ll	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	<u> </u>	
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:	address on our records, <u>ente</u>	er the name of the new registered
agent and/or the new registered office address nere:		
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street addr	
	enter riorida sireei adai	ress
	, 1	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agen		гар Соае
	_	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet	ree to act in this capacity. L te performance of my duties	further agree to comply with the
accept the obligations of my position as registered agent as	s provided for in Chapter 605	5. F.S. Or, if this document is
being filed to merely reflect a change in the registered offic	e address. I hereby confirm i	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>_</u>			□Add
			□Remove
		·	□ Add
			□Remove
			□Change
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			DAdd
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If an effective d Note: If the	te, if other than the date of filing:
e record speci rd is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated /	19/14/2020 C
174100	
	- A section
_	Signature of a member or authorized representative of a member
_	Typed or printed name of signee
	cyped or printed traine of signee

Filing Fee: \$25.00