

LZ1000069907

(Requestor's Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

XSD
4/28/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Carey and Carey Trucking LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chris Carey
Name of Person

Carey and Carey Trucking LLC
Firm/Company

5450 Bruce B Downs Blvd #165
Address

Wesley Chapel, FL 33544
City/State and Zip Code

Careyandcareytrucking@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Carey at (305) 909-5350
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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**

Carey and Carey Trucking LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 2-10-2021

Florida document number L21000069907

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)

5450 Bruce B. Downs Blvd
#165
Wesley Chapel, FL 33544

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5450 Bruce B. Downs Blvd
#165
Wesley Chapel, FL 33544

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

_____, Florida _____
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

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>	<u>Type of Action</u>
<u>AR</u>	<u>Pebbles Alston</u>	<u>17423 Madison Green Dr</u>	<input type="checkbox"/> Add
		<u>Tampa, FL 33647</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AP</u>	<u>Sheretta Williams</u>	<u>13072 Courtyard Estates Blvd</u>	<input type="checkbox"/> Add
		<u># 301</u>	<input checked="" type="checkbox"/> Remove
		<u>Dade City, FL 33525</u>	<input type="checkbox"/> Change
<u>AP</u>	<u>Nydra Flowers</u>	<u>9244 W Atlantic Blvd</u>	<input type="checkbox"/> Add
		<u># 1231</u>	<input checked="" type="checkbox"/> Remove
		<u>Coral Springs, FL 33076</u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Chris Carey</u>	<u>31349 Glendalough Way</u>	<input checked="" type="checkbox"/> Add
		<u>Wesley Chapel, FL 33545</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Cheryl Carey</u>	<u>2350 South Park Rd</u>	<input checked="" type="checkbox"/> Add
		<u># 110</u>	<input type="checkbox"/> Remove
		<u>Hallandale Beach, FL 33009</u>	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

EIN # 86-1978574 Please add

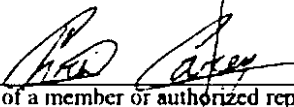
E. Effective date, if other than the date of filing: _____ (optional)

(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 April 28, 2021.


Signature of a member or authorized representative of a member

Chris Carey
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA