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## **COVER LETTER**

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TO: Registration Se Division of Cor			
EXCELLE	NT CARRIER LOGISTIC, LL	.C	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LUIS J CARMONA		
		Name of Person	
		Firm/Company	
	4412 WINDING RIVER I	OR .	
		Address	
	VALRICO, FL 33596		
		City/State and Zip Code	
	Rosannycarmona@gmail.c		
		to be used for future annual report not	ification)
For further information of	oncerning this matter, please c	all:	
Luis J. Carmona		917 669-0518 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee.</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>
Mailing Address Registration		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of T	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

EXCELLENT CARRIER LOGISTIC, LLC

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

September 19 Septe The Articles of Organization for this Limited Liability Company were filed on April 12, 2021 Florida document number L 21000169828 This amendment is submitted to amend the following: A.)If amending name, enter the new name of the limited liability company here: Excellent Transportation Services, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 4412 Winding River Dr. Enter new principal offices address, if applicable: Valrico, Fl, 33596 (Principal office address MUST BE A STREET ADDRESS) 4412 Winding River Dr Enter new mailing address, if applicable: Valrico, Fl 33596 (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 \_. Florida \_\_ City

## 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or removed from our records:	
MGR = Manager	Tyr

MGR = Manager AMBR = Authorize	d Member		Type of Action
Title Nan		Address	□Add
			□ Remove
			Change
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fective date, if other than the d n effective date is listed, the date must b te: If the date inserted in this bloc cument's effective date on the Dep	e specific and cannot be prior to d k does not meet the applicable	ate of filing or more than 90 days a	ptional) after filing.) Pursuant to 605.0207 this date will not be listed as
ecord specifies a delayed effective of stiled.	late, but not an effective time.	at 12:01 a.m. on the earlier of	(b) The 90th day after the
September 23	2021		
	gnature of a member of authorize	d representative of a member	
Luis J. Carmona			
Lius J. Carmona			

Filing Fee: \$25.00