

K21000169828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

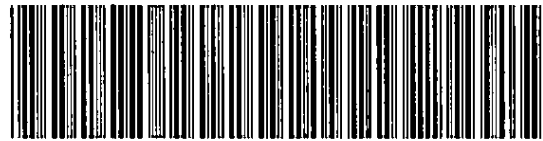
(Business Entity Name)

(Document Number)

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09/30/21--01012--004 \*\*25.00

2021 SEP 30 AM 10:16  
2021 SEP 30

Amend  
Name  
chg

OCT 10 2021 \*

ALBRITTON

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

SUBJECT: EXCELLENT CARRIER LOGISTIC, 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:

LUIS J CARMONA

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Name of Person

---

Firm/Company

---

4412 WINDING RIVER DR

---

Address

---

VALRICO, FL 33596

---

City/State and Zip Code

---

Rosannycarmona@gmail.com

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E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

[illegible]

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

2021 SEP 30 AM 10:16

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

**If Changing Registered Agent, Signature of New Registered Agent**

MGR = Manager  
AMBR = Authorized Member

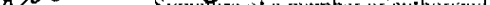
MGR = Manager  
AMBR = Authorized Member

Type of Action☐ Change

1

**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.

Dated September 23, 2021

  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**