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Registration Section

Tallahassee, FL 32314

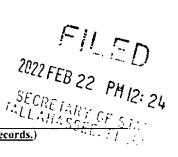
TO:

Division of Cor	rporations		
	SOUTH INSURANCE 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	ondence concerning this matter	to the following:	
	PATRICIA X LAZA		
		Name of Person	
		Firm/Company	
	5101 JACKSON ST		
		Address	
	MIAMI, FL 33176		
		City/State and Zip Code	
	northsouthcarriers@gmail.c		
7		to be used for future annual report not	incation)
For further information of	concerning this matter, please c	all:	
PATRICIA X LAZA		786 3974392 at ()	
Name o	of Person		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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration		Street Address:	ection
Division of C		Registration So Division of Co	
P.O. Box 632	•	The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



NORTH & SOUTH INSURANCE LLC

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

The Articles of Organization for this Limited Liability Con-	npany were filed o	on 05/05/2021	and assigned
Florida document number L21000210182	•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability compa	ny here:	
NORTH & SOUTH CARRIERS LLC			
The new name must be distinguishable and contain the words "Limited	d Liability Company.	" the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on o	our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:			
New Designation of Office Address			
New Registered Office Address:	Ent	er Florida street address	
		, Florida	Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:		
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performan nt as provided fo	ce of my duties, and I a r in Chapter 605, F.S. (om familiar with and Or, if this document is

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
MGR	RAMOS, ANNDY	3126 HARRISON STHOLLYWOOD, FL 33021	🗆 Add
			= Remove
			□Change
MGR	COLLADO, ARLETTY	3126 HARRISON STHOLLYWOOD, FL 33021	🗆 Add
			■Remove
			Change
			□Add
		<u> </u>	□Remove
			Change
			🗆 Add
			□Remove
			🗆 Change
			□Add
			Remove
			Change
			🗆 Add
			□Remove
			Change

If amending any other infor	mation, enter c	change(s) here:	(Attach additiona	l sheets, if necess	ary.)
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	-	••,		20 PK -	
	 .				
		•			· · · · · · · · · · · · · · · · · · ·
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		· · · · · <u>-</u>			
Effective date, if other than fan effective date is listed, the date Note: If the date inserted in thi document's effective date on the	must be specific and s block does not i	meet the applicab	date of filing or more le statutory filing re	utan 20 days anci ini	ng.) i ursumit to 005.0207 (.
record specifies a delayed efferd is filed.	ctive date, but no	t an effective time	e, at 12:01 a.m. on t	he earlier of: (b)	The 90th day after the
Dated FEBRUARY 17		. 2022)		
	5,70	2/			
	Signature of a	member or authoriz	red representative of a	member	
PATRICIA X LAZA	4				
		/ Typed or printed	name of signee		

Filing Fee: \$25.00