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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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04/01/203/H

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: <u>CARTY</u>	TRUCKING & L	OGISTICS LLC	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JEMYE!	AATY	
	<u> </u>	Name of Person	
		G: 40	
		Firm/Company	
	1849 CAYMAN	COE CIR. Address	
	SAINT CLOJO	FL 34772 City/State and Zip Code	
		16 LLC @ Gm+1L Om 16 be used for future annual report not	
For further information c	oncerning this matter, please e		
Numa	f Person	at () Area Code Daytin	na Talambana Numbur
Name (T F CISON	73Ca Code 17ayun	ic receptione remarks
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)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Sc	ection
Division of C	corporations	Division of Co	rporations
P.O. Box 632 Tallahassee, 1		The Centre of 7 2415 N. Monro	Fallahassee ee Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

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Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe	red office address on our records, enter the name o	f the new registered
B. If amending the registered agent and/or registe agent and/or the new registered office address her		f the new registered
		f the new registered
		f the new registered
agent and/or the new registered office address here Name of New Registered Agent:		f the new registered
agent and/or the new registered office address her		f the new registered
agent and/or the new registered office address here Name of New Registered Agent:	Enter Florada street address	
agent and/or the new registered office address here Name of New Registered Agent:		

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>	Name	<u>Address</u>	Type of Action
			□ Add
			□Remove
			Change
			□Remove
			□ Change
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an effective da ote: If the c	ate is listed, the late inserted i	e date must be sp in this block de		be prior to date of fil applicable statuto			Pursuant to 605,020' will not be listed as
record speci is filed.	fies a delayed	l effective date	:, but not an effe	ective time, at 12:0)1 a.m. on the ear	lier of: (b) The	90th day after the
ated <u>Σ</u>	5/23/	21					
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Filing Fee: \$25.00