2/11/22, 11.59 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document

(((H220000564393)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 : (323)962-8600

Fax Number : (323)962-3889

**Enter the email address for this business entity to be used for future

**Enter the email address for this business entity to be used for future

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ARTIC CARRIERS LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

p.2

Feb 10 22, 02:59p

COVER LETTER

| TO: | Registration Se Division of Cor | | | |
|--|------------------------------------|--|---|--|
| er in 1E. | | RRIERS LLC | | |
| SOBJE | CT: | Name of Limi | ited Liability Company | |
| The encl | losed Arucles of | Amendment and fec(s) are sub- | mitted for filing. | |
| Please re | cturn all correspo | ndence concerning this matter | to the following: | |
| | | Cheyenne Moseley | | |
| | | | Name of Person | · ·· |
| | | Legalzoom.com, Inc. | | |
| | | | і'нгпь'Сотрану | |
| | | 101 N Brand Blvd 11th Fl | | |
| | | , , , , , | Address | |
| | | Clendale, CA 91203 | | |
| | | quantay89@gmail.com | City/State and Zip Code | |
| | | E-mail address: (| to be used for future annual report notif | ication) |
| For furth | her information o | oncorning this matter, please co | u]: | |
| Cheyenne Moseley 800 773-0888 at () Name of Person Area Code Daytime Telephone Number | | | | |
| | Nanie n | of Pedragon | Area Code Daytimo | Telephone Number |
| Enclose | d is a check for t | ne following amount: | | |
| ☐ \$25 | .00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ■ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed: | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | | |

MAILING ADDRESS:

Registration Section Division of Corperations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Feb 10 22, 02:59p

5.3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ARTIC CARRIERS LLC | | |
|--|---|-------------------------------|
| (Name of the United Liability Compa (A Florida Lunited L | ny as it now appears on our records liability Company) | |
| The Articles of Organization for this Limited Liability Company [Porida document number L22000032340] | were filed on 61/18/2022 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| Arctic Carriers LLC | | |
| The new name must be distinguishable and contain the words "Limited Liabil | hty Company," the designation "LLC" | for the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 2022 |
| (Principal office address MUST BE A STREET ADDRESS) | | 100 EB |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | 38 |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: | ffice address on our records e: | , enter the name of the new |
| New Registered Office Address: | | |
| New Registered Office Addiess. | Enter Florida street address | ν |
| _ - | , Flo | orida <u></u> |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| The sale assessing approintment by rapiviared appropriate dor | ge to act in this capacity. I fut | ther agree to comply with the |

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

p.4

Feb 10 22 02:59p

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 = M AMBR = A | lanager uthorized Momber | | |
|---------------------|-----------------------------|---------|----------------|
| <u> Title</u> | Name | Address | Type of Action |
| | | | |
| | | | □ Remove |
| | | | Change |
| — | | | ☐ Add |
| | | | □ Велюче |
| | | | ☐ Change |
| | | | □ Add |
| | | | |
| | | | ☐ Change |
| | | | C Add |
| | | | ☐ Rankive |
| | | | □ Chaoge |
| | | | Add |
| | | | □ Remove |
| | | | ☐ Change |
| | | | Add |
| | | | ☐ Remove |
| | | | 3 (%) |

Feb 10 22, 02:59p

ລ.5

| | | | | | | | |
|------------|--|-------------------------------------|---------------------------------------|-------------------------|---------------------------------------|--|---------------------------------|
| _ | | | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | | - ···- | |
| | | | | | | | |
| _ | | | <u> </u> | | | | |
| _ | | | | | ,, | | |
| _ | · | | | · | | | |
| _ | | | | | | - | |
| _ | | | | | . | | |
| | | | _ | | | | |
| | | | | | | | |
| _ | | | | | | | |
| _ | <u>.</u> | | | · | | | |
| _ | | | ······ | | | ··_ | _ |
| _ | | | <u>.</u> | | | | |
| _ | | | | | | | |
| | | | · | | | | |
| | | | | · | | | |
| | | | | | | | |
| ote: | re date, if other that cave date is fisted, the da fithe date inserted in a m's effective date on | unis diock does no | it meet ine appi | neapie stamtory | or more than 90 d filing requireme | _ (optional) ays after filing.) Pur ents, this date will | suant to 605.0 not be listed |
| rec The | ord specifies a de 90th day after the | layed effective e record is file | e date, but r d. | not an effect | ive time, at 1 | 2:01 a.m. on | the earlier |
| ted . | 2/10 | | _ <u>202</u> | <u> </u> | | | |
| | 2/10 Olegan Lar | Lest Pade Signature of | Magniber or an | thorized represen | cative of a membe | | |
| | - | | | | | | |

Page 3 of 3

Filing Fee: \$25.00