

L23000027930

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LAXMY'S CARRIER SERVICES
Account Number : I20040000007
Phone : (385)640-0281
Fax Number : (385)489-2902

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: LAXMYCZOO1@yahoo.com

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

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SEP 13 2023

K. Brumbley

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4 CARRIERS 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:

JANETTE A PERDOMO

Name of Person

4 CARRIERS LLC

Firm/Company

130 BONAVENTURA BLVD APT 204

Address

WESTON FL 33326

City/State and Zip Code

GAIL.LAXMYSCARRIER@GMAIL.COM

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

For further information concerning this matter, please call:

LAXMY CHACON

305

640-0281

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4 CARRIERS 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 Company were filed on 01/13/2023 and assigned Florida document number 1.23000027930.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1870 N CORPORATE LAKES BLVD UNIT 266106

WESTON FL 33326

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1870 N CORPORATE LAKES BLVD UNIT 266106

WESTON FL 33326

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:

RODRIGO J CASTELO TORTEROLO

New Registered Office Address:

1870 N CORPORATE LAKES BLVD UNIT 266106

Enter Florida street address

WESTON

Florida

33326

City

Zip Code

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	RODRIGO J CASTELO TORTER	1870 N CORPORATE LAKES BLVD UNIT 266106	<input checked="" type="checkbox"/> Add
		WESTON FL 33326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JANETTE A PERDOMO	130 BONAVENTURA BLVD APT 204	<input type="checkbox"/> Add
		WESTON FL 33326	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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