

L23000055980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2023 JUN -8 AM 9:59
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 18, 2023

JAMES CARTER
CARTER EXPRESS RIDES, L.L.C.
156 POMPEI DR
KISSIMMEE, FL 34758 US

SUBJECT: CARTER EXPRESS RIDES, L.L.C.
Ref. Number: L23000055980

FILED
2023 JUN -8 AM 9:59
STATE
OFFICE

We have received your document for CARTER EXPRESS RIDES, L.L.C., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

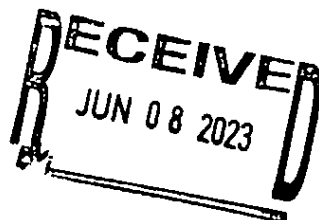
The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Antoinette A Gonzalez
Regulatory Specialist II

Letter Number: 623A00009567



RECEIVED
JUN 08 2023

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **CARTER EXPRESS RIDES, L.L.C.**

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:

COLON CARTER

Name of Person

Firm/Company

4312 N NEBRASKA AVE.

Address

TAMPA, FL 33603

City/State and Zip Code

TAMPA@FILLITOUTCONSULTING.COM

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

For further information concerning this matter, please call:

COLON CARTER

718 926-3052
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

2023 JUN -8 AM 9:59
STATE
E, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CARTER EXPRESS RIDES, L.L.C.

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

2023 JUN - 8 AM 9:59
STATE
FL

The Articles of Organization for this Limited Liability Company were filed on 01/30/2023 and assigned
Florida document number L23000055980.

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:

4312 N NEBRASKA AVE.

(Principal office address MUST BE A STREET ADDRESS)

TAMPA, FL 33603

Enter new mailing address, if applicable:

4312 N NEBRASKA AVE.

(Mailing address MAY BE A POST OFFICE BOX)

TAMPA, FL 33603

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:

COLON CARTER

New Registered Office Address:

4312 N NEBRASKA AVE

Enter Florida street address

TAMPA

City

Florida 33603

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>
MGR	CARTER, COLON	3706 W IDLEWILD AVE APT 406TAMPA, FL 33614	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CARTER, COLON	4312 N NEBRASKA AVE. TAMPA, FL 33603	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CARTER, JAMES	156 POMPEI DRKISSIMMEE, FL 34758	<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CARTER, JAMES	156 POMPEI DRKISSIMMEE, FL 34758	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LLOYD, KOFII	228 CALEB WAYWINTER HAVEN, FL 33881	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LLOYD, KOFII	228 CALEB WAYWINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove

2023 JUN 11 - 8 11:09:59
 156 POMPEI DR
 KISSIMMEE, FL 34758

[illegible]

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 FEBRUARY, 16 2023

John C. [Signature]

COLON CARTER

Typed or printed name of signee

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