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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MAS INSURANCE & ACCOUNTING LLC

Account Number : I20170000039 Phone : (407)301-2659 : (407)846-0320 Fax Number

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRANS CARRIER LOGISTICS LLC

Certificate of Status	0
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Page Count	01
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T. LEMHELD

## **COVER LETTER**

	ision of Cor					
SUBJECT:	Trans Carri	er Logistics LLC				
5020000			ited Liability Company			
The enclosed	1 Articles of	Amendment and fee(s) are sub	unitted for filing			
			_			
l'icase return	all correspo	indence concerning this matter	to the following:			
•		Elizabeth Sanchez Rincon				
	Name of Person					
	Firm/Company					
	3924 Reed Grass Place					
			Address			
		Kissimmee FL 34746				
		· ·	City/State and Zip Code	<del>,</del>		
		brenda.mas@aol.com	,			
For further in	nformation o	E-mail address: ( oncerning this matter, please c	to be used for future annual report no	dification)		
		oncerning this matter, prease e				
Brenda Mas		·	407 301-2659 at ()			
	Name o	f Person	Area Code Dayti	me Telephone Number		
Enclosed is a	a check for th	ne following amount:				
\$25.00 [	Filing Fee	☐ \$30.00 Filing Fee & Ccrtificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>		
Malling Address:		Street Address:				
	gistration S		Registration S			
		Corporations	Division of Co The Centre of			
	D. Box 632 Hahassee, 1			oe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRANS CARRIER LOGISTICS I	•	
(Name of the Limi	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited I	liability Company were filed on 04/03/2023	and assigned
	smortly company were free on	and assigned
Torida document number L23000163217	·	
his amendment is submitted to amend the following	lowing:	
A. If amending name, enter the new name o	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" of	the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	
Principal office address MUST BE A STREI		
		,
	<del></del>	
Enter new malling address, if applicable:	<del></del>	·
Mailing address MAY BE A POST OFFICE		
		- No.
. If amending the registered agent and/or i	registered office address on our records, enter the	name of the new realst
gent and/or the new registered office addre	ess here:	
Name of Name Bearing and Arrange	ELIZABETH SANCHEZ RINCON	<u> </u>
Name of New Registered Agent:		<del> </del>
New Registered Office Address:	_	<u> </u>
	Enter Florida street address	
		. 🙃
	, Floric	
	CIIV	Zin 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

Title	Name	Address	Type of Action
AMBR	ELIZABETH SANCHEZ RINCON	3924 REED GRASS PLACE	<b></b>
		KISSIMMEE FL 34746	□Remove
		·	□Change
	<del></del>		□Add
			□Remove
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	<del></del>		□Add
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-	<del></del> -					<del></del>
Effective date, if other if an effective date is listed, the Note: If the date inserted locument's effective date	in this block does n	not meet the ap	plicable statuto	ing or more than 90 ry filing required	optional) Days after filing.) ments, this date w	Pursuant to 605.0207 rill not be listed as
record specifies a delaye d is filed.	d effective date, but	not an effecti	ve time, at 12:0	1 s.in. on the ear	rlier of: (b) The	90th day after the
May 31		2023				
Pated	<del></del>	<del></del> '	<del></del> -			
Dated May 31	E	/wh	A	entative of a mem		