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.

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To:

Ærøm: ,

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : UNION CARRIER SERVICES

Account Number : I20230000157

Phone

: (305)392-1035

Fax Number

: (786)401-7453

**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 **ROAD CARRIER 69 LLC**

Certificate of Status	0
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T. LEIMEUX Help

COVER LETTER

	egistration S lvision of Co			
CUDIECT	ROAD CA	RRIER 69 LLC		
SUBJECT	·	Name of Lin	nited Liability Company	· .
The enclos	ed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please retu	m all corresp	ondence concerning this matter	to the following:	
		HEIDY RODRIGUEZ		
			Name of Person	
		UNION CARRIER SERV	ICES	
			Firm/Company	F
		5643 NW 74 AVE		
			Address	
		MIAMI, FL 33166		
			City/State and Zip Code	
		UNIONCARRIERSERVIC		
F 6	1.6		to be used for future annual report not	ification)
ror nitner	information c	concerning this matter, please c	all:	
HEIDY RO	DRIGUEZ		305 3921035 at ()	
Name of Person		at () Area Code Daytin	ne Telephone Number	
Enclosed is	a check for the	ne following amount:		
\$25.00	Filing Fec	S30.00 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)
Re Di P.	egistration S vision of CO. Box 632 tllahassee, I	Section Corporations 7	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, FI	rporations Fallahassee oc Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited I	iability Comp Florida Limited	any as it now appears on our rece Liability Company)	nrds.)
The Articles of Organization for this Limited Liabi Florida document number 1.24000030313	lity Company		
This amendment is submitted to amend the follow:	ng:		
A. If amending name, enter the new name of the	e limited liab	oility company here:	IA
The new name must be distinguishable and contain the words	"Limited Liabi	ility Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	5200 SW 114 CT	
(Principal office address MUST BE A STREET A	DDRESS)	MIAMI, FL 33165	
			2021
Enter new mailing address, if applicable:		5200 SW 114 CT	2024 AUG
(Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>	MIAMI, FL 33165	F
B. If amending the registered agent and/or regis agent and/or the new registered office address he	tered office : ere:	address on our records, <u>ent</u>	er the name of the new registers
Name of New Registered Agent:			
New Registered Office Address:	200 SW 114 C	CT	
-		Enter Florida street addi	ress
<u>.</u>	IIAMI	, 1	Florida ³³¹⁶⁵ Zip Code
		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>	Name Sanadaa II: Calaa	Address	Type of Action
AMBR	Sanara Hidalgo De la Horie	\$200 SW 114 CT	DAdd
		MIAMI , F1, 33165	□Remove
			≅ Change
			ÜAdd
			□Remove
			□Add
			□Remove
			Change
			CIAdd
			©Remove
			☐ Change
			🗆 Add
		-	URemove
			DChange
			DAdd
			□Remove
			Mohange

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