# L24000245542

	(Requestor's Name)
	(Address)
	(Address)
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	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
	Certificates of Status
Special Instructions	s to Filing Officer:
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Office Use Only



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T. MATTHE VS JUL 23 2024

### **COVER LETTER**

TO: Registration Se Division of Cor		ALM ALM	* / /
AS CARTREK SUBJECT:	TRANSPORT LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	TAMARA COHN		
		Name of Person	
	CARTREK TRANSPORT	LLC	
		Firm/Company	<del></del>
	9200 NW 54TH ST		
		Address	
	SUNRISE, FL 33351		
		City/State and Zip Code	
	drakhmetshin@gmail.com		
		o be used for future annual report not	iffication)
For further information c	oncerning this matter, please ca	all:	
TAMARA COHN		305 813-4998	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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		Street Address:	aution
Registration 9 Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## TO ARTICLES OF ORGANIZATION OF

CARTREK TRANSPORT LLC		ones tell of -	· C· ·
(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	· · · · · · · · · · · · · · · · · · ·
	(70 F Ronda Dainted Diability Company)	Scult on	300
he Articles of Organization for this Limited I	Liability Company were filed on $\frac{05}{2}$	5/29/2024 <sup>U</sup>	and assigned
lorida document number L24000245542			<del></del>
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name o	of the limited liability company h	ere:	
he new name must be distinguishable and contain the	words "Limited Liability Company" the	designation "LLC" or t	he abbreviation "E.L.C."
		200 gradion 1700 or c	ne noore raction E.G.C.
nter new principal offices address, if appli	cable:	<del></del>	<del></del>
Principal office address MUST BE A STRE	ET ADDRESS)		
			-
	~ <del>~~~</del>		
nter new mailing address, if applicable:	<del></del>	<del></del> .	<del></del>
<u>Mailing address MAY BE A POST OFFICE</u>	<u> </u>		
. If amending the registered agent and/or	registered office address on our i	ecords, enter the	name of the new regist
gent and/or the new registered office addre	ess here:		
Name of New Registered Agent:			
	0000 NW 5 CPH CT		
New Registered Office Address:	9200 NW 54TH ST	<del>-,</del>	<del> </del>
	Enter Flo	rida street address	
	SUNRISE	, Florida	33351
	Cuy		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

### or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	TAMARA COHN	9200 NW 54TH ST	
		SUNRISE, FL 33351	□Remove
			■ Change
			🗖 Add
			□Remove
			□ Change
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		<del></del>	□Remove
		<del></del>	Change
			□Add
		<del></del>	□Remove
			□ Change
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			□Remove
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			□Remove
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ffective date, if other than the da	07/09/20	024		
ffective date, if other than the d:	ate of filing: e specific and cannot be r	orior to date of filing or m	(option ore than 90 days after fil	al) ing.) Pursuant to 605.0207
an effective date is listed, the date must b	. I	plicable statutory filin	g requirements, this d	ate will not be listed as
an effective date is listed, the date must b <b>loce</b> . If the date inserted in this block	k does not meet the ap	rds.		
an effective date is listed, the date must b <b>lote</b> : If the date inserted in this block	k does not meet the ap	rds.		
an effective date is listed, the date must b  lote: If the date inserted in this block ocument's effective date on the Depa  record specifies a delayed effective of	k does not meet the ap artment of State's reco	ords.	on the earlier of: (b)	The 90th day after the
an effective date is listed, the date must b	k does not meet the ap artment of State's reco date, but not an effectiv	ords.	on the earlier of: (b)	The 90th day after the
an effective date is listed, the date must block the late inserted in this block ocument's effective date on the Department's effective date of the Department's pecifies a delayed effective of is filed.	k does not meet the ap artment of State's reco date, but not an effectiv	ords.	on the earlier of: (b)	The 90th day after the
an effective date is listed, the date must be lote: If the date inserted in this block ocument's effective date on the Department's effective date of specifies a delayed effective of is filed.  JULY 07	k does not meet the ap artment of State's reco date, but not an effectiv	ords. ve time, at 12:01 a.m. o		The 90th day after the