

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L240003857303

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.

((H24000385730 3))



H240003857303ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : WISE TAX FIRM INC.
Account Number : I20210000018
Phone : (786)620-0001
Fax Number : (786)227-6631

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CARRIER PARTNERS GROUP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	

APPROVED
AND
FILED

2024 NOV 20 PM 2:40

RECEIVED AT STATE
TALLAHASSEE, FL 32301

Electronic Filing Menu

Corporate Filing Menu

Help

NOV 20 2024

K Brumley

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

H240003857303

CARRIER PARTNERS GROUP 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 08/22/2024 and assigned
Florida document number L24000368219.

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:

3351 NW 178th Street

(Principal office address MUST BE A STREET ADDRESS)

Miami Gardens, FL 33056

Enter new mailing address, if applicable:

3351 NW 178th Street

(Mailing address MAY BE A POST OFFICE BOX)

Miami Gardens, FL 33056

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:

New Registered Office Address:

Enter Florida street address

Florida

City

APPROVED
AND
FILED
2024 NOV 20 PM 2:40
CLERK OF CIRCUIT COURT
IN AND FOR
DADE COUNTY, FLORIDA

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

H240003857303

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>Jahaira M. Rodriguez</u>	<u>3351 NW 178th Street</u>	<input type="checkbox"/> Add
		<u>Miami Gardens, FL 33056</u>	<input type="checkbox"/> Remove
		_____	<input checked="" type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated November 20, 2024

Signature of a member or authorized representative of a member

Jahaira M. Rodriguez

Typed or printed name of signee