P17D0081816

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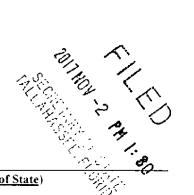
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: LD CARRIER CO	ORP	 -
DOCUMENT NUM	P17000081816		
The enclosed Article	s of Amendment and fee are su	abmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	FRANKLIN LEON		
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Perso	n
	LD CARRIER CORP		
		Firm/ Company	
	1931 NW 150 AVE STE 12		
	· · · · · · · · · · · · · · · · · · ·	Address	
	PEMBROKE PINES, FL 33	028	
		City/ State and Zip Cod	e
mus	siuleon1@gmail.com		
		sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
FRANKLIN LEON		754	8026970
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check:	for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ar Di P.o	nendment Section vision of Corporations). Box 6327 Hahassee, FL 32314	Amenc Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



LD CARRIER CORP.

ED CARRIER CORT.			
(Name	of Corporation as curren	atly filed with the Florida Dept. of State)	19,512
P17000081816			125
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation;	.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the follow	wing amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
			The new
	nation "Corp," Inc," or	ion," "company," or "incorporated" or the "Co". A professional corporation name m. ("P.A."	2 abbreviation
B. Enter new principal office address,	if annlicable:	1931 NW 150 AVE	
(Principal office address MUST BE A S		STE 121	
		PEMBROKE PINES, FL 33028	· · · · · ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1931 NW 150 AVE	
· · · · · · · · · · · · · · · · · · ·		STE 121	
		PEMBROKE PINES, FL 33028	
D. If amending the registered agent an new registered agent and/or the new	nd/or registered office ad- w registered office addre- FRANKLIN LEON	dress in Florida, enter the name of the sss:	·
Name of New Registered Agent			
	1931 NW 150 AVE STE	: 121	
	(Florida s	areet address)	
New Registered Office Address:	PEMBROKE PINES	33020 , Florida	8
			Lip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		it: with and accept the obligations of the positio	vn.
	Signature of New	Registered Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

President: V= Vice President: T= Treasurer; S= Secretary; D= Director; TR= Trustee; C= Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	<u>PT</u> <u>Jo</u>	hn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
<u>X</u> Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		<u> </u>	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additiona Attach additional sheets, if necess	ary). (Be specific)	<u>, ,</u> .		
		/		
	/			
	-		/_	
			-/ -	
				
				
				
<u> </u>				 -
f an amendment provides for ar provisions for implementing the (if not applicable, indicate N	e amendment if not con	tion, or cancellation o tained in the amendm	f issued shares, ent itself:	
				,
			· ··-	
/		/		·
			/	

The date of each amendment(s) adoption:	other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	: listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. 10/31/2017 Dated	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
FRANKLIN LEON	
(Typed or printed name of person signing)	
P/D	
(Title of person signing)	