

**L11000674578**

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

**L. SELLERS**

**JUL 11 2011**

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 JUL - 7 PM 3:40

**FILED**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FullCarga USA, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andres Proano

Name of Person

Business Telecommunications Services, Inc.

Firm/Company

2620 S.W. 27th Avenue

Address

Miami, Florida 33133

City/State and Zip Code

agomez@bts-usa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andres Proano

Name of Person

at ( 305 ) 358-5850 ext 6811

Area Code & Daytime Telephone Number

Enclosed is a check for the 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:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**FullCarga USA, LLC**

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Rafael Luces	2620 S.W. 27th Avenue Miami, FL 33133	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Rafael Olloqui	2620 S.W. 27th Avenue Miami, FL 33133	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Ricardo Olloqui	2620 S.W. 27th Avenue Miami, FL 33133	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Andres Proano	2620 S.W. 27th Avenue Miami, FL 33133	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated July 6, 2011

Signature of a member or authorized representative of a member

Andres Proano, Authorized Representative of Member

Typed or printed name of signee