

L22 000 370 612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

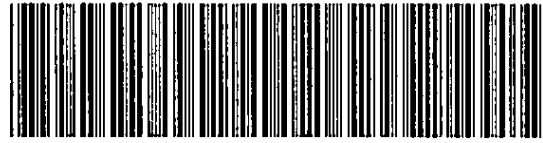
(Business Entity Name)

(Document Number)

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09/20/22--01007--009 **25.00

2022 SEP 20 AM 9:00
FILING OFFICE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SPL TRANSPORT FL 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:

OLGA KALYANOVA
Name of Person

THE FINKELSHTEYN GROUP P.A.
Firm/Company

134 S DIXIE HWY., STE 201
Address

HALLANDALE, FL 33009
City/State and Zip Code

olga@tfgepa.com
E-mail address: (to be used for future annual report notification)

22 SEP 20 AM 9:00
DIVISION OF CORPORATIONS
STATE OF FLORIDA

For further information concerning this matter, please call:

OLGA KALYANOVA at (305) 931 9212
Name of Person 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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

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>
MGR	PUSCAS, SERGIO	3325 HOLLYWOOD BLVD STE 206	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PUSCAS, SERGIU	3325 HOLLYWOOD BLVD STE 206	<input checked="" type="checkbox"/> Add
		HOLLYWOOD, FL 33021	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

22 SEP 2011 AM 9:00
 DIVISION OF CORPORATION

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

Multiple horizontal lines for amending information.

22 SEP 20 AM 9:00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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 SEPTEMBER 10th 2022

Signature of a member or authorized representative of a member

SERGIU PUSCAS, MGR

Typed or printed name of signee