

**LD9000029357**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

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

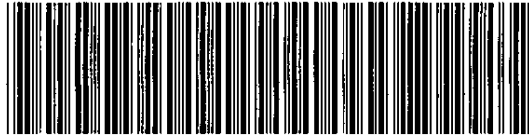
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**2009 AUG 20 PM 1:40**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**C. LEWIS**

**AUG 21 2009**

**EXAMINER**

**HAITI SHIPPING CARGO SERVICES, LLC.**  
**7150 NW 37TH AVENUE**  
**MIAMI FL 33147 US**

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

August 18, 2009

RE: HAITI SHIPPING CARGO SERVICES, LLC.  
Document # L09000029357

Dear Sir or Madam:

This is to inform you that I have designated Nations Paralegal Services, Inc. so that they may handle any correspondence pertaining to the amendments that must be filed for my corporation. Their contact information is:

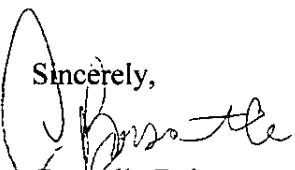
Attn: Yasmin Ismail  
Nations Paralegal Services, Inc.  
7925 NW 12<sup>th</sup> Street  
Suite 318  
Miami, FL 33126

(305) 594-9198

If necessary, I too can be reached at (305) 757-5977, but I prefer to have all correspondence directed to Nations paralegal services.

Thank you for your assistance in this matter.

Sincerely,



Carmelle Boissette  
Manager/ Director

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: HAITI SHIPPING CARGO SERVICES, 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:

**YASMIN ISMAIL**

Name of Person

**NATIONS PARALEGAL SERVICES, INC.**

Firm/Company

**7925 NW 12 STREET, SUITE 318**

Address

**DORAL, FLORIDA 33126**

City/State and Zip Code

**YASMIN@AMBIZONLINE.COM**

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

For further information concerning this matter, please call:

**YASMIN ISMAIL**

Name of Person

at ( **305** )

**594-9198**

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2009 AUG 20 PM 1:40

HAITI SHIPPING CARGO SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/25/2009 and assigned  
Florida document number L09000029357.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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*

*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 608, 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**

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

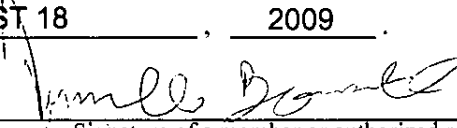
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ARNEY PIERRE	7150 NW 37TH AVENUE MIAMI FL 33147 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	REGINALD BELIARD	7150 NW 37TH AVENUE MIAMI FL 33147 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated AUGUST 18, 2009.

  
Signature of a member or authorized representative of a member

CARMELLE BOISSETTE, MANAGER

Typed or printed name of signee

2009 AUG 20 PM 1:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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