

# LD9000094267

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

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

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

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

☐ PICK-UP

☐ WAIT

☐ MAIL

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

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

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13 APR - 8 PM 3:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
APR 9 2013  
EXAMINER

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: **JTF LOGISTICS, 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:

**YIMI RODRIGUEZ**

Name of Person

**DORAL CARRIER SERVICES**

Firm/Company

**10680 NW 37 TER**

Address

**DORAL, FL 33178**

City/State and Zip Code

**DORALCARRIERSERVICES@YAHOO.COM**

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

For further information concerning this matter, please call:

**YIMI RODRIGUEZ**

**305 454-8646**

at ( )

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  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

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JTF LOGISTICS, 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 L09000094267 and assigned  
Florida document number 09/30/2009

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CASTELL'S FREIGHT, LLC

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)

5470 WEST 5TH AVE

HIALEAH, FL 33012

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O BOX 28116

HIALEAH, FL 33002

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:

JENDRY CASTELL

New Registered Office Address:

5470 WEST 5TH AVE

Enter Florida street address

HIALEAH

City

Florida 33012

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 662, 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

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TALLAHASSEE, FLORIDA

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MRG	JOSE T FLORES		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MRG	JENDRY CASTELL		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MRG	FELIPE CASTELL		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

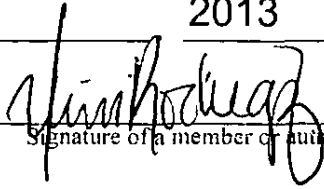
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated APRIL 04

2013



Signature of a member or authorized representative of a member

Typed or printed name of signee

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Filing Fee: \$25.00