## 110000009357

(Re	equestor's Name)		
(Address)			
(Address)			
(6)	u/Cketa /Zin /Dhon	. 40	
(CII	ty/State/Zip/Phone	Ð #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
,			

Office Use Only



900214367479

11/23/11--01005--005 \*\*35.00

2012 FEB 16 PM 2: 52
SECRETARY OF STATE

J. BRYAN
FEB 1 7 2012
EXAMINER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 30, 2011

GILBERTO CARDENAS GREYS CARGO SERVICES LLC 19090 NW 57 AVE APT 307 HIALEAH, FL 33015

SUBJECT: GREYS CARGO SERVICES LLC

Ref. Number: L11000009357



We have received your document for GREYS CARGO SERVICES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 411A00026822

## **COVER LETTER**

Division of Corporations
SUBJECT: Greys Cargo Services LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
real state of the
Please return all correspondence concerning this matter to the following:
Gilberto Cardenas
Greys Cargo Selvible
19090 NW 57 Ave Apt 307
Miami H 330/5
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Gilberto Cardenas at (786) 859 – 6091  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status Certified Copy (additional copy is enclosed)  (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Payner 17 was sent tached confirmation e-mail
MAILING ADDRESS: STREET/COURIER ADDRESS:
Registration Section Registration Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· Greys Cargo Se	WILL C	11C
(Name of the Limited Limitey Comp (A Florida Limited	any as it now appears ( Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L 1100000 9357</u>	, 1	$\frac{24}{2011}$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Lin'L.L.C."  Enter new principal offices address, if applicable:	nited Liability Company	"the designation "LLC" or the abbreviation
(Principal office address MUST BE A STREET ADDRESS)	<del></del>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		TERRETARY OF STATE OF THE NEW OF THE
Name of New Registered Agent:		
New Registered Office Address:	Enter	Florida street address
<del> </del>	City	, Florida 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 Type of Action Title Name **Address** Mgr Gilberto R. Cardenas 19090 NW 57 AVE Mgr Gilberto Cardenas 19090 NW 57 Ave 19090 NW 57 Ave Remove ☐ Remove  $\mathsf{I}\mathsf{Add}$ Remove □Add Remove  $\Box$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 13th, 2012. Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00