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COVER LETTER

TO:

Registration Section **Division of Corporations**

CARIBBEAN TRANSPORT & 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:

GUILLERMO HERNANDEZ

Name of Person

CARIBBEAN TRANSPORT & LOGISTICS LLC

Firm/Company

20725 NE 16 AVE., UNIT A16

Address

MIAMI, FL 33179

City/State and Zip Code

juanahernandezm2002@yahoo.com.mx

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

For further information concerning this matter, please call:

GUILLERMO HERNANDEZ at 786 343-2839

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 > 2 (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

CARIBBEAN TRANSPORT & LOGISTICS LLC

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

The Articles of Organization for this Limited Liab	ility Company were filed on 09/02/	2011 and assigned
Florida document number L11000101128	·	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
CARIBBEAN HEAVY HAULING LL	.C	
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company," (he designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	20 FA
(Principal office address MUST BE A STREET)	ADDRESS)	E B U
		SET 5
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
		16 to
B. If amending the registered agent and/or registered agent and/or the new registered office	•	ecords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter F	lorida street address
	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 <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** Remove Remove Remove Add Remove Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
_		
Dated JA	NUARY 14, 2013	
	Signature of a member or authorized representative of a member	
	GUILLERMO HERNANDEZ	
	Typed or printed name of signee	

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Page 3 of 3

Filing Fee: \$25.00

2013 JAN 16 PM D: 49