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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

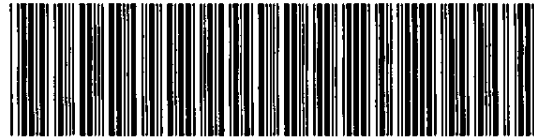
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 17 2013

T CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 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
(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

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TALLAHASSEE, FLORIDA

CARIBBEAN TRANSPORT & LOGISTICS LLC

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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>
			<input type="checkbox"/> Add
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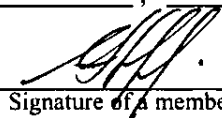
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated **JANUARY 14**, **2013**



Signature of a member or authorized representative of a member

GUILLERMO HERNANDEZ

Typed or printed name of signee

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Filing Fee: \$25.00

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