

L11000115303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700275955147

10/16/15--01007--009 **25.00

FILED
2015 OCT 16 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
OCT 19 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ABC INTERCARGO 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:

LEYDE J. PARDO

Name of Person

ABC INTERCARGO LLC

Firm/Company

6900 NW 46 ST.

Address

MIAMI, FL. 33166

City/State and Zip Code

leyde@abcintercargocom

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

For further information concerning this matter, please call:

LEYDE PARDO

305 3899668

Name of Person

at (_____) _____
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

FILED
2015 OCT 16 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, Florida

Cin

Zip Code

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 605, 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.

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MMGR	MARIA I GONZALEZ	17434 SW 47 COURT	<input type="checkbox"/> Add
		MIRAMAR, FL. 33029	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIA I GONZALEZ	6900 NW 46 ST	<input checked="" type="checkbox"/> Add
		MIAMI, FL. 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2015 OCT 16 PM 3:50
 SEVENTH JUDICIAL CIRCUIT
 TALLAHASSEE, FLORIDA

FILED

SECRET
ALLIANCE, FLORIDA

FILED
2015 OCT 16 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated _____, _____

Signature of a member or authorized representative of a _____

Signature of a member or authorized representative of a member

LEYDE J PARDO

Typed or printed name of signee