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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Guilgan JUN - 5 2014

**COVER LETTER**

TO: **Registration Section  
Division of Corporations**

SUBJECT: **SEND FAST USA 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:

**NUBBY E RAMIREZ**

Name of Person

**SEND FAST USA LLC**

Firm/Company

**3225 SOUTHSIDE BLVD STE 4**

Address

**JACKSONVILLE, FL 32216**

City/State and Zip Code

**nubbyramirez@hotmail.com**

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

For further information concerning this matter, please call:

**Nubby Ramirez**

Name of Person

**904 476-0513**

at ( )

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                             |                                                                                   |                                                                                                  |                                                                                                                            |
|---------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
AMBR	JAVIER J PEREZ	8861 SHELL ISLAND DR	<input checked="" type="checkbox"/> Add
		JACKSONVILLE	<input type="checkbox"/> Remove
		FL 32216	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 05/12/2014



Signature of a member or authorized representative of a member

**JAVIER J PEREZ**

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA