

L11000139075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

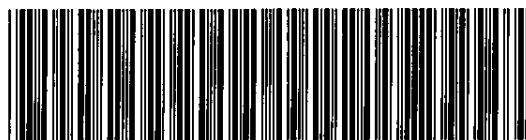
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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12 JAN 11 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JAN 11 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Total Freight Cargo LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gilberta Rojas
Name of Person

Total Freight Cargo LLC
Firm/Company

12250 menta St. Suite 105
Address

Orlando FL 32837
City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person at (_____) _____
Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (08/05)

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12 JAN 11 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

L11000139079

FIRST: The name of the limited liability company is:

Total Freight Corp
LLC
~~LLC~~

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

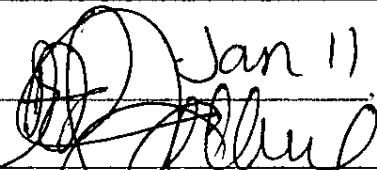
Correct spelling of member name
(Gilberto Rojas)

OR



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated:

Jan 11 2012

Signature of a member or authorized representative of a member
Angel Matos
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)