

L12000001378

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TALLAHASSEE, FLORIDA

2012 JAN 17 PM 2:29

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C. LEWIS

JAN 18 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American Logistics of South Florida 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:

Ivonne M Castro

Name of Person

American Logistics of South Florida LLC

Firm/Company

8100 sw 36 st

Address

Miami, FL 33155

City/State and Zip Code

info@alosf.com

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

For further information concerning this matter, please call:

Ivonne M Castro

Name of Person

at (305)

320-8293
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

**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.

FIRST: The name of the limited liability company is: American Logistics of South Florida LLC

L12000001378

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:

One of the managing members name is incorrect (Al Castro)

can you please change to Alejandro Castro-Carrillo , Thank You

OR



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

Dated: 01/13, 2012

Signature of a member or authorized representative of a member

fronne m. Castro

Typed or printed name of signee

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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