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SECRETARY OF STATE CIVISION OF CORPORATIONS

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: CRITICAL EXPRESS TRAILER LEASE, LLC
Name of Limited Liability Company
Para Sia and Asham
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:
JERSSON VELAS QUEZ  Name of Person
CRITICAL EXPRESS TRAILTRUEASE, LLC
175 SW 7th St, unit 1601
MIAMI 1FL 33130
City/State and Zip Code
ARIENE @ CRITICAL EXPRESS. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (780) 459.1661  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:
See Filing Fee & S55 Filing Fee & S60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy
GR2E062 (08/05)

## 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.

FIRS	T: The name of the limited liability company is:  (RINCAL EXPLESS TRAILER LEASE LEASE LEASE)
P	OND: The articles of organization or the application to transact business  HECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENTS
V. M	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
I Apologice, misser To i put him as well.	Please ALSO include JERSSON VELASQUEZ AS PRESIDENT, 175 SW 7th St, Suite 1601,
SORAY	OR OR
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
Dated	Signature of a humber of authorized representative of a member  Here AUEE  Typed or printed name of signee
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)