

L13000/28288

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** US Minority Trucking and Logistics Co-Op, 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:

Johanna M. Livingston

Name of Person

Firm/Company

4215 NW 20th Street

Address

Gainesville, FL 32605

City/State and Zip Code

jlivingston@usmtlco-op.com

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

For further information concerning this matter, please call:

Johanna M. Livingston

Name of Person

at 352 870-8531

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

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
| N/A          |             |                | <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"/> Remove |

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JULIA M. SULLIVAN

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

N/A

Dated September 18 2013



Signature of a member or authorized representative of a member

Johanna McElrath Livingston

Typed or printed name of signee

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Filing Fee: \$25.00

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