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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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J. SHIVERS JAN 13 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Phoenix Transport Services America, 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:

Joshua Salas

Name of Person

Phoenix Transport Services of America, LLC.

Firm/Company

5113 N. Nebraska Ave. Suite E2

Address

Tampa, FL 33603

City/State and Zip Code

mrjoshuasalas@gmail.com

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

For further information concerning this matter, please call:

Joshua Salas

Name of Person

at (813) 210-2462

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

**Phoenix Transport Services of America, LLC**

Page 1 of 3

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         | Carmen Salas | 5113 N. Nebraska Ave, Suite E2 | <input checked="" type="checkbox"/> Add |
|              |              | Tampa, Fl 33603                | <input type="checkbox"/> Remove         |
|              |              |                                | <input type="checkbox"/> Add            |
|              |              |                                | <input type="checkbox"/> Remove         |
|              |              |                                | <input type="checkbox"/> Add            |
|              |              |                                | <input type="checkbox"/> Remove         |
|              |              |                                | <input type="checkbox"/> Add            |
|              |              |                                | <input type="checkbox"/> Remove         |
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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)  
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated January 6th, 2014.

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
JOSHUA SALAS  
\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

14 JAN 8 10 10 25  
TALLAHASSEE, FLORIDA