

L14 000001467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

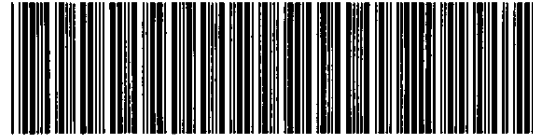
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE BAR OF CALIFORNIA
JAN 13 2014

2014 JAN 13 PM 12:59

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Half Rate Freight 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:

Rene Sosa
Name of Person

Halfrate Freight.
Firm/Company

6881 College Ct
Address

Dawie FL 33317
City/State and Zip Code

halfrate Freight@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rene Sosa at (934) 483-7718
Name of Person 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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DIVISION OF CORPORATIONS
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Half Rate Freight LLC

The Articles of Organization for this Limited Liability Company were filed on 01/03/2014 and assigned Florida document number 47000001467 *LS*.

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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>
MGRM	Rene SOSa	6881 College Ct	<input checked="" type="checkbox"/> Add
		Davie FL 33317	<input type="checkbox"/> Remove
MGR	Joann Wgo	6881 College Ct	<input checked="" type="checkbox"/> Add
		Davie FL 33317	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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SECRETARY'S OFFICE
FLORIDA STATE UNIVERSITY

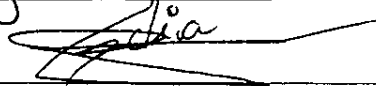
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

change title only of managers
for Bank purposes.

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 7 January, 2014



Signature of a member or authorized representative of a member

Rene Sosa MGRM

Typed or printed name of signee

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Filing Fee: \$25.00

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TREASURY