

L14 000134010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

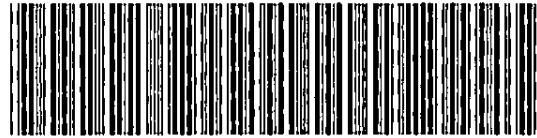
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/16/21--01051--005 **30.00

08/16 PM 3:21

8/25/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GLOBAL LOGISTICS 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:

JOSE MARTIN ARELLANO

Name of Person

GLOBAL LOGISTICS FREIGHT LLC

Firm/Company

6520 WEST 20 AVE SUITE 103

Address

HIALEAH, FL 33016

City/State and Zip Code

GLFAGENT@GMAIL.COM

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

For further information concerning this matter, please call:

JOSE MARTIN ARELLANO

305 984-9340
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2025-03-16 PM 3:21

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) ...

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	OLGA M MORA VILLANUEVA	213 BARTON CREEK AP	<input type="checkbox"/> Add
		CHARLOTTE, NC 28262	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOSE M ARELLANO SR	16102 EMERALD ESTATES DR	<input checked="" type="checkbox"/> Add
		APT 414	<input type="checkbox"/> Remove
		WESTON, FL 33331	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00