

L14000159395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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01/24/17--01025--017 **52.50

03/02/17--01024--015 **7.50

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2017 MAR -1 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

MAR - 3 2017

KK



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 26, 2017

CHELSEA FREIGHT CARRIER LLC
CRISTIAN LARION
9803 BODEGO WAY, APT. 103
FORT MYERS, FL 33908

SUBJECT: CHELSEA FREIGHT CARRIER LLC
Ref. Number: L14000159395

RECEIVED
2017 MAR - 1 PM 12:01
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

We have received your document for CHELSEA FREIGHT CARRIER LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 017A00001672

COVER LETTER

TO: Registration Section.
Division of Corporations

SUBJECT: CHELSEA FREIGHT CARRIER L.L.C.
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:

CRISTIAN LARION
Name of Person

CHELSEA FREIGHT CARRIER L.L.C.
Firm/Company

9803 BODEGO WAY APT. 103 (FT. MYERS FL. 33908)
Address

FORT MYERS FL 33908
City/State and Zip Code

CHELSEAFREIGHTCARRIER@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CRISTIAN LARION at (336) 906-3193
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
' TO '
ARTICLES OF ORGANIZATION
OF**

CHELSEA FREIGHT CARRIER L.L.C.

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

FILED
2017 MAR -1 PM 2:43
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

The Articles of Organization for this Limited Liability Company were filed on OCTOBER 13, 2014 and assigned Florida document number L14000159395.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

CRISTIAN LARION

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Cristian Larion

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	CRISTIAN LARION	9803 BODEGO WAY APT 103 FORT MYERS FL 33908	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" 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

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JUL 11 - 11 AM 2:13
SHERIFF'S OFFICE
CALHOUN COUNTY, FLORIDA

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

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2017 MAR -1 PM 2:43
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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 prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated FEBRUARY 22, 2017

Cristian Larion

Signature of a member or authorized representative of a member

CRISTIAN CARION

Typed or printed name of signee