

L14000181768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

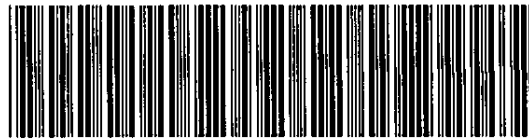
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 17 2014

N. CAUSSEAU

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: LOADS FOR YOU LOGISTICS 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:

**ROBERT A RAMIREZ**

Name of Person

Firm/Company

**234 LARK AVE.**

Address

**SEBRING, FL 33870**

City/State and Zip Code

**loadsforyoulogistics@gmail.com**

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

For further information concerning this matter, please call:

**ROBERT A RAMIREZ**

**863 214 - 0538**

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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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and assigned

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

Florida document number L14000181768

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>
MGR	LAVERNE, WERNER	4335 SHAD DRIVE	<input type="checkbox"/> Add
		SEBRING, FL 33870	<input checked="" type="checkbox"/> Remove
MGR	ROBERT, RAMIREZ A	4335 SHAD DRIVE	<input type="checkbox"/> Add
		SEBRING, FL 33870	<input checked="" type="checkbox"/> Remove
MGR	WERNER, LAVERN	234 LARK AVE,	<input checked="" type="checkbox"/> Add
		SEBRING, FL 33870	<input type="checkbox"/> Remove
MGR	RAMIREZ, ROBERT A	234 LARK AVE.	<input checked="" type="checkbox"/> Add
		SEBRING, FL 33870	<input type="checkbox"/> Remove
			<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.)*

CORRECT MAILING ADDRESS OF REGISTERED AGENT IS: 234 LARK AVE

SEBRING FL, 33870

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated DECEMBER 8, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

ROBERT A RAMIREZ

\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

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