

L150000 14968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

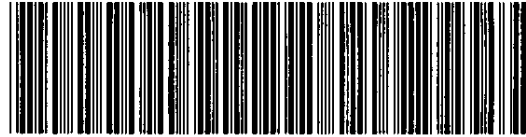
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED FEB 12 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: East Coast Refrigerated Transport LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chanin Griffin  
Name of Person

East Coast Refrigerated Transport LLC  
Firm/Company

3564 Avalon Park Blvd East Ste 1 Unit 215  
Address

Orlando, FL 32828  
City/State and Zip Code

griffinchanin@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chanin Griffin at ( 407 ) 427 4769  
Name of Person Area Code Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: East Coast Refrigerated  
Transport LLC

**SECOND:** The Florida Document number of the limited liability company is: 45000014968

**THIRD:** Document to be corrected is:  
Articles of Organization

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

There should only be 1 person authorized  
to manage LLC - Chanin Griffin  
Please remove Johnnie Griffin

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

- ☐ The electronic transmission of the record was defective.

Chanin Griffin  
Signature of Authorized Representative

2/2/15  
Date

15 FEB - 5 AM 8:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)**