

L15000135699

(Requestor's Name)

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(Address)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2015 DEC 28 PM 12:30

FILED

K. SALY
EXAMINER
DEC 30 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: C.T.S. 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:

COREY L COOPER

Name of Person

C.T.S. LOGISTICS LLC

Firm/Company

1015 ATLANTIC BOULEVARD SUITE 241

Address

ATLANTIC BEACH, FL 32233

City/State and Zip Code

clcooper305@gmail.com

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

For further information concerning this matter, please call:

COREY L. COOPER

904 445-9703
at ()

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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CLERK OF COURT
ALLAHASSEE, FLORIDA
and assigned

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

Page 1 of 3

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	VINCENT RIVERS	1150 MAYPORT LANDING DR	☐ Add
		ATLANTIC BEACH, FL 32233	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Add
			☐ Remove
			☐ Change

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TALLAHASSEE, FLORIDA

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

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DEC 28 1964
MAIL ROOM

E. Effective date, if other than the date of filing: 12/01/2015 (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 DECEMBER 02, 2015

Signature of a member or authorized representative of a member

COREY L. COOPER

Typed or printed name of signee