

L16000056379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300285107483

05/10/16--01003--016 **25.00

2016 MAY -9 PM 4:34
TALLAHASSEE, FLORIDA

FILED
2016 MAY 23 P 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 25 2016

SWAPEN



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 12, 2016

MIGUEL A. PUENTES
TRAMITES EXPRESS GLOBAL INC
P.O. BOX 516
LEHIGH ACRES, FL 33970

SUBJECT: TELENA'S FREIGHT & LOGISTICS L.L.C
Ref. Number: L16000056379

We have received your document for TELENA'S FREIGHT & LOGISTICS L.L.C and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If you want Miguel A. Puentes to serve as Registered Agent, you must enter his information in Section B and have him sign there

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 216A00010092

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TELENA'S FREIGHT & 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:

MIGUEL A. PUENTES

Name of Person

TRAMITES EXPRES GLOBAL INC

Firm/Company

PO BOX # 516

Address

LEHIGH ACRES, FLORIDA, 33973

City/State and Zip Code

Tramitesexpressfl@outlook.com

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

For further information concerning this matter, please call:

MIGUEL A. PUENTES

239

491-6956

Name of Person

at ()

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

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

TELENA'S FREIGHT & LOGISTICS LLC

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

The Articles of Organization for this Limited Liability Company were filed on MARCH 21TH, 2016 and assigned
Florida document number L16000056379.

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)

516 WILLINGTON AVE

LEHIGH ACRES, FL, 33972

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

C/O: MIGUEL A PUENTES

P.O BOX 516

LEHIGH ACRES, FL 33970

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:

MIGUEL A PUENTES

New Registered Office Address:

4608 DOUGLAS LN

Enter Florida street address

LEHIGH ACRES

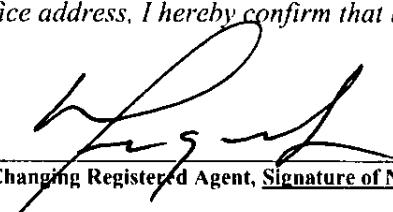
, Florida 33973

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.


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	FERNANDO TELENA	516 WELLINGTON AVE	☒ Add
		LEHIGH ACRES, FL, 33972	☐ Remove
			☒ Change
AMBR	RAFAEL TELENA	516 WELLINGTON AVE	☐ Add
		LEHIGH ACRES, FL, 33972	☐ Remove
			☒ Change
AMBR	MIGUEL A PUENTES	4608 DOUGLAS LN	☒ Add
		LEHIGH ACRES, FL, 33972	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2009 MAY 23 P 2:23
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

The Owner of this LLC is Mr. Fernando Telena, and for some reasons his names only appears as Registered agent
Mr. Fernando shall serve and act as Manager , Mr. Rafael Telena shall serve and be an authorized member, and
Mr. Miguel A Puentes shall be registered an serve as Registered Agent and/or Bookkeeper, the Owner Manager
Mr. Fernando Telena is having some difculties in finishing and proceeding with all the mandatory and pertinent
licensing and legalization, thus mandated by State and Federal Laws, Including opening the Bank Account for
this LLC, as it can be seen in the original Articles of Incorporation Mr. Fernando only appears as Registered Agent
and not as the manager, therefore this office is submitting this amendment in order to correct and cure the
deficiencies and comply with all State and Federal laws. In advance we would like to thank your office
for your cooperation, understanding and time spent in this matter.

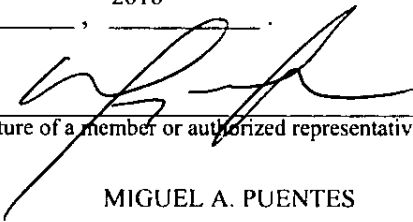
E. Effective date, if other than the date of filing: 05/03/2016 **(optional)**

(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 MAY 3RD, 2016


Signature of a member or authorized representative of a member

MIGUEL A. PUENTES

Typed or printed name of signee

FILED
2016 MAY 23 P 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA