

Florida Department of State  
Division of Corporations  
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((H20000082826 3)))



H200000828263ABC

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : AMBAR DIAZ, P.A.  
Account Number : I20110000016  
Phone : (305)476-8100  
Fax Number : (305)422-6222

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: smahmoudi@speedcustombeds.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
GLOBAL CUSTOMS CLEARANCE USA LLC

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2020 MAR 13 PM 10:58

20 MAR 13 AM 8:45

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**COVER LETTER**

(((H20000082826 3)))

**TO: Registration Section  
Division of Corporations****SUBJECT: GLOBAL CUSTOMS CLEARANCE USA 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:

SAEED MAHMOODI

Name of Person

GLOBAL CUSTOMS CLEARANCE USA LLC

Firm/Company

700 NW 141st ave #208

Address

PEMBROKE PINES, FL 33028

City/State and Zip Code

smahmoodi@saeedcustombroker.com

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

For further information concerning this matter, please call:

SAEED MAHMOODI

305 747-3010  
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

(((H20000082826 3)))

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

GLOBAL CUSTOMS CLEARANCE USA 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 07/22/2016 and assigned  
Florida document number L16000138360.

This amendment is submitted to amend the following:

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

NO CHANGES

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)

NO CHANGES

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

NO CHANGES

**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:

NO CHANGES

New Registered Office Address:

NO CHANGES

*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.*

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>
CUSTOM BROKER/ DRAWBACK SPECIALIST	SAEED A MAHMOODI	700 NW 141ST AVE	<input type="checkbox"/> Add
		#208	<input checked="" type="checkbox"/> Remove
		PEMBROKE PINES, FL 33028	<input type="checkbox"/> Change
MANAGER	SAEED MAHMOODI	700 NW 141ST AVE	<input type="checkbox"/> Add
		#208	<input type="checkbox"/> Remove
		PEMBROKE PINES, FL 33028	<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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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)* (((H20000082826 3)))

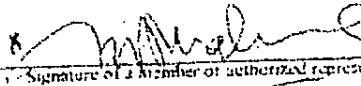
NO CHANGES

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20 MAR 13 AM 8:45

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 605.6207 (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 MARCH 12, 2020

  
Signature of a member or authorized representative of a member

SAEED MAHMOODI

Typed or printed name of signer