

L16000210192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

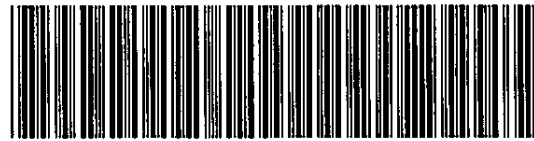
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O SIMMONS

JAN 06 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CDR Transport, 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:

Cecilia Merino
Name of Person

CDR Transport, LLC
Firm/Company

1004 NE 4 Ave
Address

Homestead, FL 33030
City/State and Zip Code

cecim63@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cecilia Merino at (305) 907-4817
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

CDR Transport, LLC

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	Rafael D. Pena Dieguez	1004 NE 4 Ave	<input type="checkbox"/> Add
		Homestead, FL 33030	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Cecilia Merino	1004 NE 4 Ave	<input checked="" type="checkbox"/> Add
		Homestead, FL 33030	<input type="checkbox"/> Remove
			<input 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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JAN 15 2013
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

17 JAN 1964
AIRMAIL 50

17 JAN -5 PM 3:58

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 605.0207 (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 _____, _____

Signature of a member

Cecilia Merino

Typed or printed name of signee