

L17000 207206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

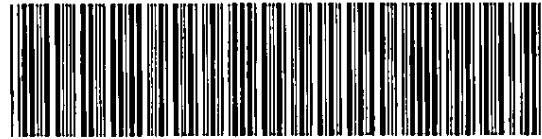
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/11/20--01010--002 **25.00

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2020 SEP 11 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FL.

10/21/20
Oh

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARIBBEAN CARGO SHIPPING 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:

PLATON ALEXANDRAKIS
Name of Person

ALEXANDRAKIS LAW PLLC.
Firm/Company

110 HERRICK WAY SUITE 3A
Address

CORAL GABLES, FL 33134
City/State and Zip Code

PLATON@ALEXANDRAKISLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PLATON ALEXANDRAKIS at (786) 853-4769
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED

CARIBBEAN CARGO SHIPPING LLC

SECRETARY OF STATE
TALLAHASSEE, FL

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

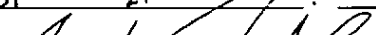
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>JUDITH P. GABRIEL</u>	<u>8403 PINE BLVD. #211</u>	<input checked="" type="checkbox"/> Add
		<u>REMBROKE PINES, FL 33024</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>FELIX, PIERRE</u>	<u>6343 MIRAMAR PARKWAY</u>	<input type="checkbox"/> Add
		<u>MIRAMAR, FL 33023</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
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[illegible]

(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)

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.

AUGUST 21 2020


Signature of a member or authorized representative of a member

JUDITH P. GABRIEL
Typed or printed name of signee

Filing Fee: \$25.00