

LITON 215040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

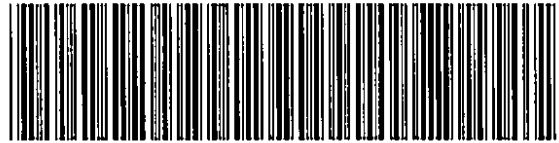
(Business Entity Name)

(Document Number)

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SEP 21 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TO GO SHIPPING LINE 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:

CHRISTOPH ZAMY

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

1145 NE 133TH ST

\_\_\_\_\_  
Address

NORTH MIAMI, FL 33161

\_\_\_\_\_  
City/State and Zip Code

ZAMYCHRISTO@GMAIL.COM

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

For further information concerning this matter, please call:

CHRISTOPH ZAMY

954 707-8577  
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

TO GO SHIPPING LINE

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	MARIE LAURA CADEAU	980 NE 170 ST APT 108	<input checked="" type="checkbox"/> Add
		MIAMI FL 33162	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHRISTOPH ZAMY	1145 NE 133 ST	<input checked="" type="checkbox"/> Add
		NORTH MIAMI FL 33161	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	EDY CADET	107 ST JAMES DR	<input type="checkbox"/> Add
		GRETNA LA 70056	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SEP 19 6 13 PM '09  
FBI - MIAMI

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

18 SEP 19 11 51 29

**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 SEPT. 17, 2018

\_\_\_\_\_  
Signature of a member or authorized representative of a member

CHAS STOPA Zone  
Typed or printed name of signee