

47000227679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

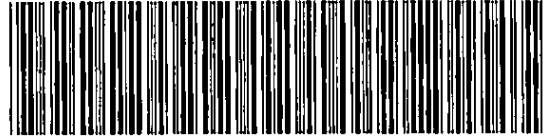
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

O SIMMONS  
JUL 18 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Continental Freight And Logistic, 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:

Guillermo A Aragon

Name of Person

Continental Freight And Logistic, LLC

Firm/Company

7441 SW 163rd Pl

Address

Miami, Florida, 33193

City/State and Zip Code

ContinentalFreightAndLogistic@gmail.com

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

For further information concerning this matter, please call:

Guillermo A Aragon

305 916-0008  
at ( )

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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

## 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	LESTHER D ARAGON HERNANDEZ	2509 EVEREST PKWY CAPE CORAL, FL. 33904	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	YUSIMY VAZQUEZ REYES	2509 EVEREST PKWY CAPE CORAL, FL. 33904	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	GUILLERMO A ARAGON	7441 SW 163RD PL MIAMI, FL. 33193	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	BRUNO PEREZ	2469 W 78 ST # 206 HIALEAH, FL. 33016	<input checked="" type="checkbox"/> Add <input 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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**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.

Dated

July 3<sup>rd</sup>, 2018.

Signature of a member or authorized representative of a member

Guillermo A Aragon  
Typed or printed name of signee