

L18000 125 549

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

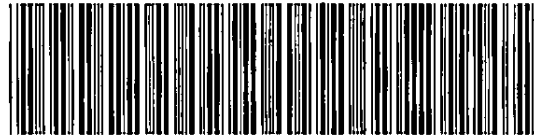
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 AUG 12 AM 8:20

SECRETARY OF STATE  
TALLAHASSEE, FL

AUG 15 2019  
C Kinsey

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Di'Mundi International Freight Forwarders, 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:

Paola M. Salas

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

Di'Mundi International Freight Forwarders, LLC

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

10700 CITY CENTER BLVD - SUITE #5331

\_\_\_\_\_  
Address

PEMBROKE PINES, FL. 33025

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

paolasalas111@gmail.com

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

For further information concerning this matter, please call:

Maia D. Aramburo

865

456-3244

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

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building

## 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	Maria D. Aramburo	120 William Lane - Oak Ridge, TN 37830 - US	<input checked="" type="checkbox"/> Add
		1019 Main Street - Stratford, CT 06615 - US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Paola M. Salas		<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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			<input type="checkbox"/> Change

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

We are requesting to change the following "Title" as follows for MARIA D. ARAMBURO from VP

to a new "Title" to read as follows: MANAGER - Also a change of address for MARIA D. ARAMBURO

to read as follows: 120 William Lane - Oak Ridge, TN 37830 - Please remove 1019 Main Street -

Stratford, Ct 06615

We are also requesting the following "Title" change for PAOLA M. SALAS from President and the new

"Title" to read as follows: MEMBER

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

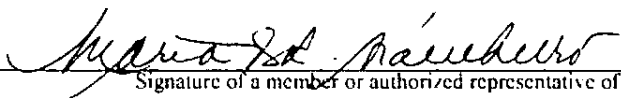
*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*

**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 AUGUST 6, 2019

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

Maria D. Aramburo

\_\_\_\_\_  
Typed or printed name of signee