

L18000256263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

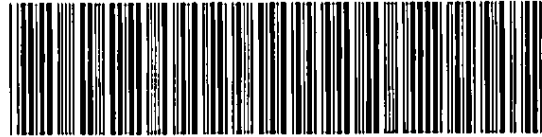
(Business Entity Name)

(Document Number)

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JAIL ANASSIE FLORIDA

D. BRUCE
JAN 29 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WOLFY LOGISTICS 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:

Jose A. Bonavia

Name of Person

WOLFY LOGISTICS LLC

Firm/Company

7019 SW 162 PATH

Address

MIAMI, FL 33193

City/State and Zip Code

AP@wolfylogisticsllc.com

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

For further information concerning this matter, please call:

Jose A. Bonavia

1-877 318-0999 EXT: 100
at ()

Name of Person

Area Code

Daytime Telephone Number

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TALLAHASSEE, FL 32301

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

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>
CFO	Jose A. Bonavia	7019 SW 162 PATH MIAMI, FL 33193	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
COO	Ray Paredes	7019 SW 162 PATH MIAMI, FL 33193	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Add the following Fein listed below.

83-2428145

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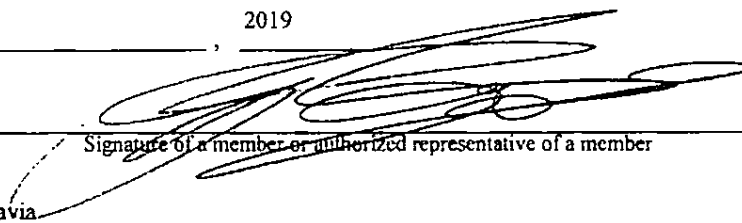
E. Effective date, if other than the date of filing: 10/31/2018 (optional)

(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 60-4.207 (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 January 11th, 2019



Signature of a member or authorized representative of a member

Carmen L. Bonavia

Typed or printed name of signee