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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

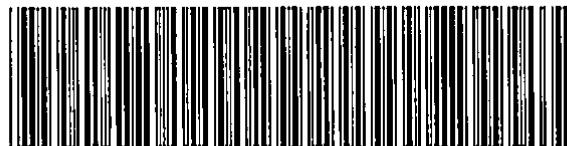
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

19 MAY 16 AM 8:34

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JUN 03 2019

T SCHROEDER

## COVER LETTER

TO: Registration Section  
Division of Corporations

Packet Switch Transportation LLC.

SUBJECT: \_\_\_\_\_  
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:

Gabriel Hamilton

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

Packet Switch Transportation LLC.

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

Lake Hamilton FL, 33851

\_\_\_\_\_  
Address

232 Hidden Lake Lane

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

ghamilton882@gmail.com

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

For further information concerning this matter, please call:

Gabriel Hamilton

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

at (678) 558-4786

\_\_\_\_\_  
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

# Packet Switch Transportation LLC.

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add 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	Gabriel Hamilton	232 Hidden Lake Lane	<input checked="" type="checkbox"/> Add
		Lake Hamilton FL, 33851	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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FILED  
JUN 16 2016  
CLERK OF DISTRICT COURT  
JANUARY 16 2016

FILED  
19 MAY 16 AM 8:34  
SECURITY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
19 MAY 16 AM 8:34  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE  
FBI - MIAMI

(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.

Dated May 11, 2019

Signature of a member or authorized representative of a member

# Gabriel Hamilton

Typed or printed name of signee