

L19000091685

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BUSINESS ACCOUNTING PROFESSIONALS CORP
Account Number : 120190000020
Phone : (786) 953-7449
Fax Number : (786) 953-7450

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: businessacctprof@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ONE MY WAY FREIGHT GLOBAL SERVICES LLC

Certificate of Status	1
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TALLAHASSEE, FLORIDA

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APR 15 2019

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April 12, 2019

FLORIDA DEPARTMENT OF STATE

Division of Corporations

ONE MY WAY FREIGHT GLOBAL SERVICES LLC

PO BOX 246406

PEMBROKE PINES, FL 33024

SUBJECT: ONE MY WAY FREIGHT GLOBAL SERVICES LLC

REF: L19000091685

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

Missing last page (signature page).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H19000116952
Letter Number: 519A00007383

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ONE MY WAY FREIGHT GLOBAL SERVICES 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:

CESAR A PARRA

Name of Person

ONE MY WAY FREIGHT GLOBAL SERVICES LLC

Firm/Company

1154 SW 122 AVENUE

Address

PEMBROKE PINES, FL 33025

City/State and Zip Code

CELOCEVAJD@GMAIL.COM

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

For further information concerning this matter, please call:

CESAR A PARRA

at (754)

226-3661

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 5327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
19 APR 12 AM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ONE MY WAY FREIGHT GLOBAL SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/05/2019 and assigned
Florida document number L19000091685

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

OMW FREIGHT G.S. LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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

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U.S. DISTRICT COURT
SOUTHERD DISTRICT OF FLORIDA
TALLAHASSEE, FLORIDA

APRIL 9, 2019 (optional)

E. Effective date, if other than the date of filing: _____

(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 APRIL 9, 2019

Signature of a member or authorized representative of a member

CESAR A. PARRA

Typed or printed name of signee