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(Requestor's Name)

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2020 MAY 26 PM 12:34
CLERK OF SUPERIOR COURT
JULIA M. HARRIS

JUN 17 2020
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEWAVE 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:

IRFAN NAZIR

Name of Person

NEWAVE LOGISTICS

Firm/Company

4295 GREENLAND ROAD

Address

JACKSONVILLE FL 32258

City/State and Zip Code

KANBROTHERSLLC@GMAIL.COM

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

For further information concerning this matter, please call:

Irfan Nazir

904

422-3111

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
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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2020 MAY 26 PM 12:34
and assigned

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

and assigned

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>
MGR	DONALD COBB	11144 ENGLISH MOSS LANE	<input type="checkbox"/> Add
		JACKSONVILLE FL 32257	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	IRFAN NAZIR	4295 GREENLAND ROAD	<input type="checkbox"/> Add
		JACKSONVILLE FL 32258	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JENNIFER JARVIS	4295 GREENLAND ROAD	<input checked="" type="checkbox"/> Add
		JACKSONVILLE FL 32258	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SHABANA AMJAD	3101 HADDONSTONE DR SE	<input checked="" type="checkbox"/> Add
		OWENS CROSS ROADS AL 35763	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HAMMAD KALIM	5148 WILTON WALK DR	<input checked="" type="checkbox"/> Add
		JACKSONVILLE FL 32224	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MUHAMMAD BADAR CHEEMA	712 SUNKIST LANE	<input checked="" type="checkbox"/> Add
		PLANO TX 75025	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[The page contains faint horizontal lines, suggesting it was part of a lined notebook or document.]

(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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00