

4/5/22, 8:23 PM

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**L20000179985**

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To:

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

From:

Account Name : CANALES & ASSOCIATES ACCOUNTING INC
Account Number : I20210000091
Phone : (305)821-1076
Fax Number : (305)821-1079

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
STL FREIGHTWAYS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

L20000179985

2022 APR -6

2022 APR -6 AM 9:20

2022 APR -6 AM 9:20

APPROVED
AND
FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: STL FREIGHTWAYS 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:

MARTA FERIA

Name of Person

STL FREIGHTWAYS LLC

Firm/Company

P.O. BOX 22651

Address

HIEALEAH, FL. 33002

City/State and Zip Code

CANALESASSOCIATE@YAHOO.COM

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

For further information concerning this matter, please call:

MARTA FERIA

305 821 1076
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STL FREIGHTWAYS 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 04/01/2022 and assigned
Florida document number L20000179985.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1840 W 49 ST SUITE 227

HIALEAH, FL. 33012

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O BOX 22651

HIALEAH, FL. 33012

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

2022 APR - 6 AM 9:20
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 AND
 APPROVED

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>
P	Jhonny Garcia	8362 PINES BLVD #114	<input type="checkbox"/> Add
		Pembroke Pines, FL 33024	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Marta Feria	1840 W 49 St Suite 227	<input checked="" type="checkbox"/> Add
		Hialeah, FL 33012	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Marta Feria	8362 Pines Blvd #114	<input type="checkbox"/> Add
		Pembroke Pines, FL 33024	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

E. Effective date, if other than the date of filing: 04/01/2022 (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 04/05 2022

Signature of a member or authorized representative of a member

Marta Feria

Typed or printed name of signee

Filing Fee: \$25.00