

5/25/2021

Division of Corporations

# L21000208678312

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : THREE K FAST CARRIER SERVICES INC  
Account Number : I20180000033  
Phone : (305)805-3516  
Fax Number : (305)887-5844

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

Email Address: Melanie Toledo97@yahoo.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
FASTWAY CARRIERS LLC**

Certificate of Status	0
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Page Count	05
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Corporate Filing Menu

Help

COVER LETTER

(# 210002086783)

TO: Registration Section  
Division of Corporations

SUBJECT: FASTWAY CARRIERS 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:

MELANIE C TOLEDO

Name of Person

FASTWAY CARRIERS LLC

Firm/Company

4900 SW 167TH AVE

Address

SOUTHWEST RANCHES, FL 33331

City/State and Zip Code

MELANIETOLED097@YAHOO.COM

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

FILED  
2021 JUN 21 PM 10:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MELANIE TOLEDO

at (786) 244-1197

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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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

**FASTWAY CARRIERS 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 10/07/2020 and assigned  
Florida document number L 21000278312

This amendment is submitted to amend the following:

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

N/A

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)

4900 SW 167TH AVE

SOUTHWEST RANCHES, FL

33331

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4900 SW 167TH AVE

SOUTHWEST RANCHES, FL

33331

**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:

MELANIE C. TOLEDO

New Registered Office Address:

4900 SW 167TH AVE

Enter Florida street address

SOUTHWEST RANCHES Florida 33331

City

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

(H210002086783)

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	ELENA KEJ	483 EAST 33RD ST	<input type="checkbox"/> Add
		HALEHA, FL 33013	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MELANIE C. TOLEDO	4900 SW 167TH AVE	<input checked="" type="checkbox"/> Add
		SOUTHWEST RANCHES, FL 33331	<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
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

(H 210002086783)

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

n/a

2021 JUN 21 PM 1:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

E. Effective date, if other than the date of filing: 05-21-2021 (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 May 21, 2021



Signature of a member or authorized representative of a member

Melaine C. Toledo

Typed or printed name of signee