

121 000 327 115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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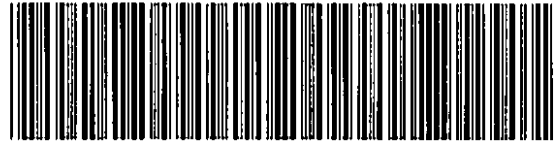
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TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOLUTRANS LOGISTIC 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:

JUAN CAMILO NIETO RODRIGUEZ

Name of Person

SOLUTRANS LOGISTIC SERVICES LLC

Firm/Company

6900 SW 39th ST APT 212

Address

DAVIE, FL 33314

City/State and Zip Code

ALLSOLUTIONS954@GMAIL.COM

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

For further information concerning this matter, please call:

JUAN CAMILO NIETO RODRIGUEZ

954 854-9890
at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-22-2001 BY 60322 UCBAW/STW

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

If Changing Registered Agent, Signature of New Registered Agent


[illegible]

2022 JUN 17 PM 1:14
STUDY UNIT 3010
TALLAHASSEE, FL

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Dated JUNE 14, 2022


Signature of a member or authorized representative of a member

JUAN CAMILO NIETO RODRIGUEZ
Typed or printed name of signer

Filing Fee: \$25.00