

L21000380247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

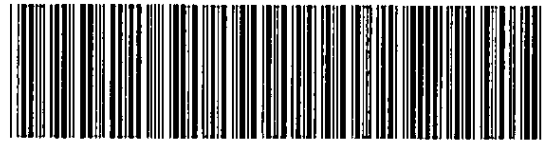
(Business Entity Name)

(Document Number)

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9/1/21

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: L.I.L. TRANSPORT LOGISTIC 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:

LUIS A. TORRES DIAZ

Name of Person

L.I.L. TRANSPORT LOGISTIC LLC

Firm/Company

5455 HUCKLEBERRY CT

Address

MACCLENNY, FL 32063

City/State and Zip Code

LUIS1853.LTD@GMAIL.COM

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

SECRETARY OF STATE  
TALLAHASSEE, FL

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For further information concerning this matter, please call:

LUIS A. TORRES DIAZ 904 738-9078  
Name of Person at ( ) 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

**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	LUIS A. TORRES DIAZ	5455 HUCKLEBERRY CT	<input checked="" type="checkbox"/> Add
		MACCLENNY FL. 32063	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ISIS Z. CASTRO NIEVES	5455 HUCKLEBERRY CT	<input type="checkbox"/> Add
		MACCLENNY FL. 32063	<input type="checkbox"/> Remove
			<input checked="" 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.)

GOOD AFTERNOON, I REQUEST THIS MODIFICATION BECAUSE WHEN FILLING OUT THE  
APPLICATION, I MADE THE ERROR OF NOT ADDING THE OWNER OF THE COMPANY  
AND HIS MGR TITLE. THE MR, LUIS A. TORRES DIAZ AND EDITING THE POSITION  
ISIS Z. CASTRO NIEVES MANAGER TO AUTHORIZED MEMBER THANK YOU SO MUCH.

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TALLAHASSEE, FL

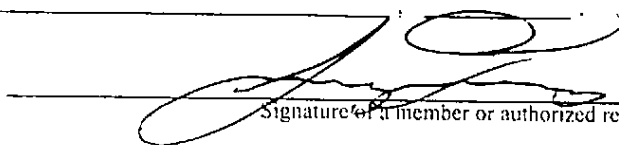
E. Effective date, if other than the date of filing: 08/28/2021 (optional)

(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 AUGUST 28 2021



Signature of a member or authorized representative of a member

LUIS A. TORRES DIAZ - MGR

Typed or printed name of signer