

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INTERSTATE CARRIER SERVICE CORP

Account Number : I20160000043

Phone : (786)346-6290

Fax Number : (305)503-6979

****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
FASTER TRANSPORTS L.L.C**

Certificate of Status	1
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Corporate Filing Menu

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COVER LETTER

**TO: - Registration Section
Division of Corporations**

SUBJECT: FASTER TRANSPORTS 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:

RODRIGUEZ, ALIEN S

Name of Person

FASTER TRANSPORTS LLC

Firm/Company

3112 W GIDDENS AVE APT 2

Address

TAMPA FL 33614

City/State and Zip Code

INTERSTATECARRIERSERVICE@YAHOO.COM

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

For further information concerning this matter, please call:

LOURDES GARCIA

at (305) 6408995

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**

2022 OCT -6 AM 11:39

FASTER TRANSPORTS L.L.C.

(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 07/14/2022 and assigned
Florida document number L22000313232.

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 "L.L.C."

Enter new principal offices address, if applicable:

25 NE 5TH ST UNIT 4626

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FL 33132

Enter new mailing address, if applicable:

25 NE 5TH ST UNIT 4626

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI FL 33132

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:

OMAR GALINDEZ RAMIREZ

New Registered Office Address:

25 NE 5TH ST UNIT 4626

Enter Florida street address

MIAMI

City

Florida 33132

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

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>
AMBR	OMAR GALINDEZ RAMIREZ	25 NE 5TH ST UNIT 4626	<input checked="" type="checkbox"/> Add
		MIAMI FL 33132	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RODRIGUEZ, ALIEN S	3112 W GIDDENS AVE	<input type="checkbox"/> Add
		TAMPA FL 33614	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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Dated 10/05/2022

Arif

Signature of a member or authorized representative of a member

RODRIGUEZ, ALIEN S

Typed or printed name of signee

Filing Fee: \$25.00