

L24000186013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

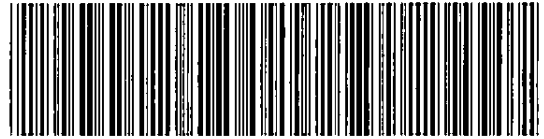
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100430329771

05/29/24--01022--015 \*\*25.00

6/17/24  
K14

20240617 11:47

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: YAME CARGO 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:

YOLIMA ARCE

Name of Person

YAME CARGO LLC

Firm/Company

9125 Taft St.

Address

Pembroke Pines, Florida 33024

City/State and Zip Code

emeconsultantsllc@gmail.com

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

For further information concerning this matter, please call:

Marisabel Castaneda

954

319-4058

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

RECEIVED  
JUN 11 2007  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

[illegible]

[illegible]

**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.

Dated May 13, 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**