

F11000002501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2022 NOV -7 AM 11:55  
SECRETARY OF STATE  
F11000002501



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 NOV -7 AM 11:22

October 25, 2022

ROCHELLE FITZGERALD  
1001 SHAW AVENUE  
SUITE 200  
PASADENA, TX 77506 US

SUBJECT: CAMIN CARGO CONTROL, INC.  
Ref. Number: F11000002501

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne  
Regulatory Specialist II

Letter Number: 022A00023959

## COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Camin Cargo Control, Inc.

Name of Corporation

DOCUMENT NUMBER: F11000002501

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rochelle Fitzgerald

Name of Contact Person

Camin Cargo Control, Inc.

Firm/Company

1001 Shaw Avenue, Suite 200

Address

Pasadena, Texas 77506

City/State and Zip Code

XXXXXXXXXX legal@camincargo.com

rochelle.fitzgerald@camincargo.com

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

For further information concerning this matter, please call:

Rochelle Fitzgerald

at ( 832 ) 240-1008

Name of Contact Person

Area Code &amp; Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35 Filing Fee☐ \$43.75 Filing Fee &  
Certificate of Status☐ \$43.75 Filing Fee &  
Certified Copy☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified CopyMailing Address:Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314Street Address:Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F11000002501

\_\_\_\_\_  
(Document number of corporation (if known))

1. Camtin Cargo Control, Inc.

\_\_\_\_\_  
(Name of corporation as it appears on the records of the Department of State)

2. Texas

\_\_\_\_\_  
(Incorporated under laws of)

3. 06/15/2011

\_\_\_\_\_  
(Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_

5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

\_\_\_\_\_  
(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

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STATE  
F11 FID

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	JDavid Garibaldi	1001 Shaw Ave, Suite 200	<input type="checkbox"/> Add
		Pasadena, TX 77506	<input checked="" type="checkbox"/> Remove
<u>MGRM</u>	Laura Stasik	1001 Shaw Ave, Suite 200	<input type="checkbox"/> Add
		Pasadena, TX 77506	<input checked="" type="checkbox"/> Remove
<u>MGRM</u>	Charlie Plummer	1001 Shaw Ave, Suite 200	<input checked="" type="checkbox"/> Add
		Pasadena, TX 77506	<input type="checkbox"/> Remove
<u>MGRM</u>	Marion Shtyrkalo	1001 Shaw Ave, Suite 200	<input checked="" type="checkbox"/> Add
		Pasadena, TX 77506	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of  
a receiver or other court appointed fiduciary, by that fiduciary)

Charlie Plummer

(Typed or printed name of person signing)

Chief Financial Officer / Officer

(Title of person signing)

FILING FEE \$35.00