

L 14 0000 36397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

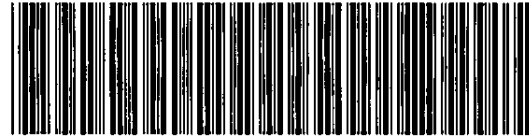
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Port Escort Service of Jacksonville, 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:

George A. Eldredge

Name of Person

Port Escort Service of Jacksonville, LLC

Firm/Company

1139 Sunray Court

Address

Jacksonville, Florida 32218

City/State and Zip Code

pesjax@gmail.com

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

For further information concerning this matter, please call:

George A. Eldredge

Name of Person

at (904) 885-2450

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Port Escort Service of Jacksonville, LLC

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Eldredge, George A.	1139 Sunray Ct	<input checked="" type="checkbox"/> Add
		Jacksonville, Fl 32218	<input type="checkbox"/> Remove
MGR	Diaz, Andrew	3333 Monument Rd	<input type="checkbox"/> Add
		Apt 1116	<input checked="" type="checkbox"/> Remove
		Jacksonville, Fl 32225	
AMBR	Smith, John	5426 Attleboro St	<input type="checkbox"/> Add
		Jacksonville, Fl 32206	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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STATE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 12, 2014


Signature of a member or authorized representative of a member

George A. Eldredge
Typed or printed name of signee

14 MAY 14 PM 3:47
TALLAHASSEE, FLORIDA