

L4 0000 91884

(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



300262303153

07/16/14--01011--001 **25.00

16 JUL 16 PM 12:57

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Riley Logistics, 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:

PHILLIPPIAN H. RILEY

Name of Person

RILEY LOGISTICS, LLC

Firm/Company

2313 LYDIA STREET

Address

LAKE WALES, FL 33898

City/State and Zip Code

phillippian.riley@warner.edu

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

For further information concerning this matter, please call:

PHILLIPPIAN RILEY

Name of Person

at (**863**) **585-8136**

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RILEY LOGISTICS, LLC

Page 1 of 3

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	JAVARIOUS B.RILEY	2313 LYDIA STREET	☐ Add
		LAKE WALES, FL 33898	☒ Remove
MGR	AUGUSTINE T. RILEY	2313 LYDIA STREET	☐ Add
		LAKE WALES, FL 33898	☒ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

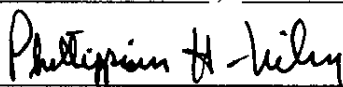
14 JUL 16 PM 5:57

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 June 20, 2014



Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

14 JUL 16 PM 12:57