

L14000160074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

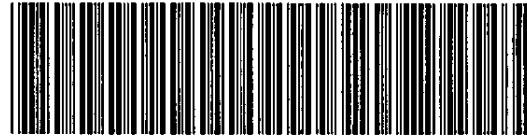
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature] 10/21/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FAMILY JOSEPH Transportation 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:

Kewenson Joseph
Name of Person

FAMILY JOSEPH Transportation LLC
Firm/Company

13575-58th Street North Suite #119
Address

Clearwater FL 33760
City/State and Zip Code

KevinJr2050@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kewenson Joseph at (727) 641-6531
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/COURIER ADDRESS:

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

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(Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company)

Page 1 of 3

MGR = Manager
AMBR = Authorized Member

MG-R Kenvenson Joseph 13575-58th street north ☒ Add
clearwater fl, 33760 suite #119 ☐ Remove

☐ Remove☐ Remove☐ Remove☐ Add☐ Remove☐ Add☐ Remove

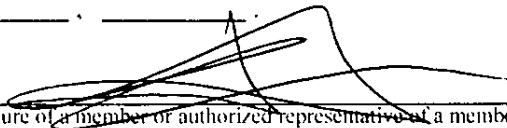
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 _____


Signature of a member or authorized representative of a member

Kewensan Joseph

Typed or printed name of signee

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Filing Fee: \$25.00

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