

L15000127991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

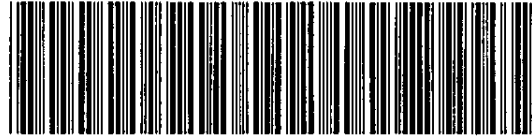
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400276349364

08/28/15--01019--008 **60.00

15 AUG 28 AM 7:59
CLERK OF STATE
TALLAHASSEE, FLORIDA

SEP 01 2015
J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PH EXPRESS 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:

MARISOL TORRES

Name of Person

CARRIER SERVICE INC

Firm/Company

20915 NW 2ND AVE

Address

MIAMI FLORIDA 33169

City/State and Zip Code

PERMITS@CARRIERSERVICE.COM

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

For further information concerning this matter, please call:

MARISOL TORRES

305

652-9990

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/COURIER ADDRESS:

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	PEDRO HASLEY CALAS	4687 NW 164 ST	<input checked="" type="checkbox"/> Add
		MIAMI GARDENS FL 33175	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PEDRO HASLY	4687 NW 164 ST	<input type="checkbox"/> Add
		MIAMI GARDENS FL 33175	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

15 AUG 23 AM 7:59
POSTALITY OF STATE
MAIL MARSHAL FLORIDA

15 AUG 23 AM 7:59
OFFICE OF STATE
ATTORNEY GENERAL
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Reamo Colas
Signature of a member or authorized representative of a member

Typed or printed name of signee