

#L15000135188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

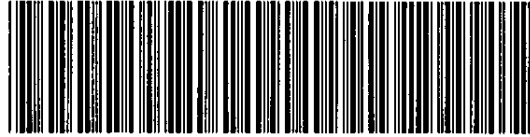
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
AUG 19 2015

**COVER LETTER :**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TNJ TRANSPORT 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:

Nelson Alvarado

Name of Person

TNJ TRANSPORT LLC

Firm/Company

10824 KIRKWAH PAT DR

Address

WIMAUMA, FL 33598

City/State and Zip Code

NElyTAI<sup>3027</sup>@YAHOO.COM

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

For further information concerning this matter, please call:

Nelson Alvarado

Name of Person

at ( 813 )

Area Code

857-2481

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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Page 1 of 3

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	TANIA L ALVARADO	10824 KIRIKWALL PUT DR	<input type="checkbox"/> Add
		WIMAUMA, FL 33598	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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FALL 2018

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SECRETARY OF STATE

August 12, 2015 (optional)

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.

**Dated**

August 12, 2015

Signature of a member or authorized representative of a member

Nelson ALVARADO

Typed or printed name of signee