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(Address)

(Address)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MILLON TRUCKING, 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:

DAVID LOPEZ, ESQ

Name of Person

RODON LAW, PLLC

Firm/Company

201 ALHAMBRA CIRCLE, SUITE 504

Address

CORAL GABLES, FL 33134

City/State and Zip Code

DLOPEZ@SRALAW.COM

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

For further information concerning this matter, please call:

DAVID LOPEZ

at (305) 445-8881

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

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
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WILSON
JOSE FLORIDA

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated February 19, 2016

Signature of a member or authorized representative of a member

David Lopez Attorney

Typed or printed name of signer