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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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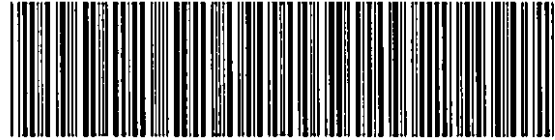
(Business Entity Name)

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D. SCOTT

SEP 6 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AUSTRALLEX TRUCKING LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following.

Hector Alberto Sanchez Pena

Name of Person

Australex Trucking LLC

Firm/Company

233 Foxtail Dr, Apt C

Address

Greenacres, FL 33415

City/State and Zip Code

luissorion@gmail.com

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

For further information concerning this matter, please call:

Hector A Sanchez Pena 561 729-8672
Name of Person at () 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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DIVISION OF CORPORATIONS
TALLAHASSEE, FL

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>
AMBR	Luis A Sanchez Durand	230 Foxtail Dr Apt B	<input type="checkbox"/> Add
		Greenacres, FL 33415	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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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 August, 29 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee

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