

L16000098883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

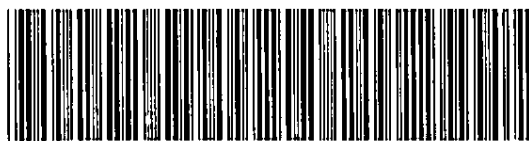
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 JAN 30 PM 3:19
14:14:19

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TEAM 4 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:

MARIA TERESA BLIVEN

Name of Person

TEAM 4 TRANSPORT LLC

Firm/Company

911 E FAIRBAIRN DRIVE

Address

DELTONA, FLORIDA 32725

City/State and Zip Code

teresa.bliven@yahoo.com

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

For further information concerning this matter, please call:

Maria Teresa Bliven at (386) 383-1400
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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	ARNULFO BURAAY	911 E FAIRBAIRN DRIVE	<input checked="" type="checkbox"/> Add
		DELTONA, FLORIDA 32725	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Aimee Marie Thierry	1702 Ben Cove Ct.	<input type="checkbox"/> Add
		Orlando, Florida 32818	<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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			<input type="checkbox"/> Change

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

18 JAN 31 PM 1:30

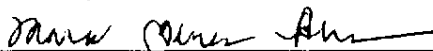
E. Effective date, if other than the date of filing: January 31, 2018 (optional)

(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)

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.

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 January 29, 2018



Signature of a member or authorized representative of a member

MARIA TERESA BLIVEN

Typed or printed name of signee