

L16000224990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

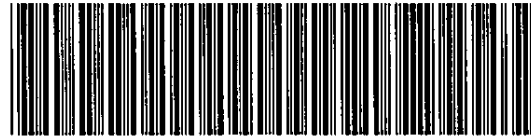
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Office Use Only



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12/30/16--01011--004 **25.00

JAN 12 2017
S. YOUNG

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 DEC 30 PM 2:15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 3, 2017

ADRIEN PETIT
PETITE COURIERS EXPRESS, LLC
2451 NW 9TH TERREACE APT B
WILTON MANORS, FL 33311

SUBJECT: PETITE COURIERS EXPRESS, LLC
Ref. Number: L16000224990

We have received your document for PETITE COURIERS EXPRESS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

PAGE 1 MISSING

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 317A00000067

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TALLAHASSEE, FLORIDA
DEC 30 PM 2:15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Petite Couriers Express
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:

Adrien Petit

Name of Person

Petite Couriers Express

Firm/Company

2451 NW 9th Terrace

Address

Wilton Manors, FL 33311

City/State and Zip Code

Petitecourierexpress@gmail.com

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

For further information concerning this matter, please call:

Adrien Petit

Name of Person

at (954) 666-9518

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

RECEIVED
2017 JAN 12 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
10 DEC 30 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Petite Couriers Express

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/13/16 and assigned
Florida document number 616066224990.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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

Title	Name	Address	Type of Action
MGR	ADRIEN PETIT	2451 NW 9TH TER APT B	☐ Add
		WILTON MANORS, FL 33311	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Add
			☐ Remove
			☐ Change

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TALLAHASSEE, FL 32304
16 DEC 30 PM 2:15

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

I went to open a business account @ citi bank
but the banker advised that the section that
authorized persons detail has the title as CEO
and the banker advised that in order to open the
account it has to be Manager. Please update
my title as Manager so I can open the
business account with citi bank.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 DEC 30 PM 2:15

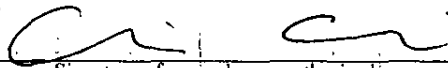
E. Effective date, if other than the date of filing: _____ (optional)

(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 1/9/17, 2017



Signature of a member or authorized representative of a member

Adrien Petit

Typed or printed name of signee