

L17000188845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

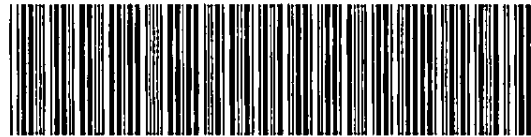
(Business Entity Name)

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SEP 25 2017

YOUNGER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Absolute Expeditors 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:

Heather Arnott
Name of Person

Absolute Expeditors LLC
Firm/Company

1138 Liberty hall dr.
Address

Kissimmee, FL 34746
City/State and Zip Code

Absolute.Expeditors@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heather J Arnott at (321) 443-6981
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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 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

Absolute Expeditors LLC

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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>
<u>mGR</u>	<u>John R. Raptis</u>	<u>1138 Liberty hall dr.</u>	<input checked="" type="checkbox"/> Add
		<u>Kissimmee FL. 34746</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>mGR</u>	<u>James m. Arnett</u>	<u>1138 Liberty hall dr</u>	<input checked="" type="checkbox"/> Add
		<u>Kissimmee, FL. 34746</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input 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 9 21, 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee