

L17000245665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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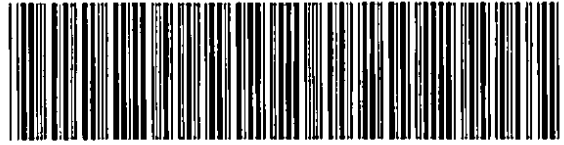
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATION
18 AUG 31 PM 1:44

N COOPER

SEP 06 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S & L EXPRESS 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:

GESNER JEAN PHILIPPE
Name of Person

S & L EXPRESS LLC
Firm/Company

449 B KINGSLEY AVE.
Address

ORANGE PARK FL 32073
City/State and Zip Code

SLEXPRESS18@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GESNER JEAN PHILIPPE at (904) 362 0557
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

SEL EXPRESS LLC

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>
CEO	GESNER	3900 Oldfield Crossing	DR #201 <input checked="" type="checkbox"/> Add
	JEAN PHILIPPE	JACKSONVILLE FL 32223	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SONY ST. FLEUR	1071 NAPLE LN	<input checked="" type="checkbox"/> Add
		ORANGE PARK FL 32065	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

18 AUG 31 PM 1:44
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

08/27/2018

Signature of a member or authorized representative of a member

GESNER JEAN PHILIPPE

Typed or printed name of signee