

L180000009783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

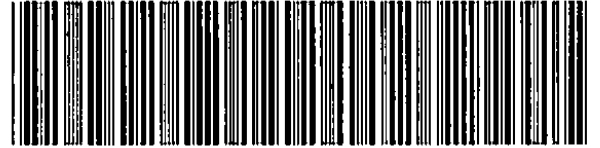
(Business Entity Name)

(Document Number)

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04/27/20--01018--018 **25.00

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2020 APR 27 PM 5:53
MAY 1 2020

Amend
Name ck

MAY 11 2020

I ALBRITTON

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: CORE FUNDAMENTAL 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:

RICARDO M. OSBOURNE

Name of Person

CORE FUNDAMENTAL LLC

Firm/Company

743 SW TATUM TERR

Address

PORT ST. LUCIE FL, 34953

City/State and Zip Code

COREFUNDAMENTALZ@GMAIL.COM

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

For further information concerning this matter, please call:

RICARDO OSBOURNE

Name of Person

754

at ()

Area Code

244-1422

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2020-03-27 P11 5:30

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

This amendment is submitted to amend the following:

COREFUNDAMENTALZ TRANSPORT LLC

Fort Pierce, Fl. 34950

Margate, FL, 33063

_____, **Florida** _____
City *Zip Code*

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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

[illegible]

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)

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 04-20, 2020

Reuben L.

Signature of a member or authorized representative of a member

RICARDO M. OSBOURNE

Typed or printed name of signee