

L180000 24346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

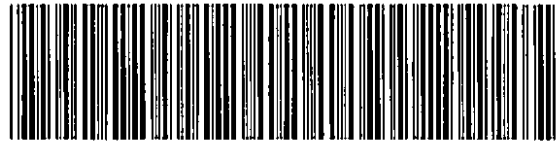
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Just Cruizin 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:

Zorena Krolikowski

Name of Person

Just Cruizin Transport, LLC

Firm/Company

340 NW Rowe Ct

Address

Lake City, FL 32055

City/State and Zip Code

alexnzorena@yahoo.com

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

For further information concerning this matter, please call:

Zorena Krolikowski

386

288-9850

at (_____) _____

Name of Person

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

JUST CRUIZIN TRANSPORT, LLC

The Articles of Organization for this Limited Liability Company were filed on January 26, 2018 and assigned Florida document number ~~January 29, 2018~~ L18000024346

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>
MGR	Zorena Krolikowski	340 NW Rowe Ct	<input checked="" type="checkbox"/> Add
		Lake City, FL 32055	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(b) The 90th day after the record is filed.

Dated 10/5/18 2018
Zorena Krolikowski
 Signature of a member or authorized representative of a member
 Zorena Krolikowski
 Typed or printed name of signer