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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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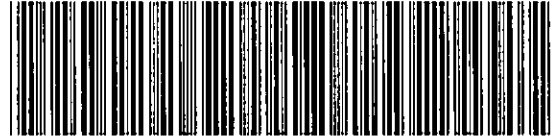
(Business Entity Name)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 157 LEASING 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:

LAURA ATKINSON

Name of Person

BOYER GINORI CPAS LLC

Firm/Company

1645 PALM BEACH LAKES BLVD STE 480

Address

WEST PALM BEACH, FL 33401

City/State and Zip Code

EGINORI@BOYERGINORICPAS.COM

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

For further information concerning this matter, please call:

LAURA ATKINSON

561 633-9439

Name of Person

at (_____) _____
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

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>
AMBR	MARK D JACKSON	157 EAGLETON COURT	<input type="checkbox"/> Add
		PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Remove
		49%	<input checked="" type="checkbox"/> Change
AMBR	JEAN A JACKSON	157 EAGLETON COURT	<input checked="" type="checkbox"/> Add
		PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Remove
		51%	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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.

(b) The 90th day after the record is filed.

Mark D.
Jackson

Digitally signed by Mark D Jackson
DN: cn=Mark D. Jackson, o, ou,
email=m.jackson@liquidcargo
com, c=US
Date: 2019.11.19 10:10:37

Signature of a member or authorized representative of a member

Typed or printed name of signee