

L18000181116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

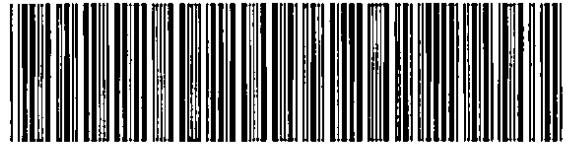
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
JUN 14 2021
[Stamp]

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ETRUCKONLINE123 L.L.C.

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:

Jack J. Whittle

Name of Person

Firm/Company

26 Calumet Rd

Address

Westport CT 06880

City/State and Zip Code

Jack.Whittle@Ymail.com

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

For further information concerning this matter, please call:

Jack J. Whittle

203

243-0619

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 Address:

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

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

☒ Remove

☐ Change

☐ Add

[illegible]

(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)

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 JUNE 4 2021

Jack J. Whittle
Signature of a member or authorized representative of a member

JACK J. WHITTLE

Typed or printed name of signee

Filing Fee: \$25.00