

L20000011943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

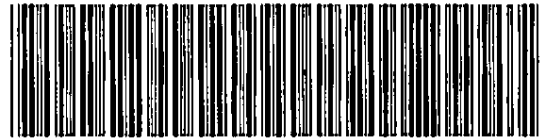
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEC 15 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUPERIOR QUALITY LOGISTICS 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:

EMMANUEL AFRICAIN

Name of Person

SUPERIOR QUALITY LOGISTICS LLC

Firm/Company

5781 LEE BLVD SUITE 208 BOX 349

Address

LEHIGH ACRES FL 33971

City/State and Zip Code

SQLTRUCKS@GMAIL.COM

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

For further information concerning this matter, please call:

EMMANUEL AFRICAIN

239 270-8605
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

REC'D - 7:53

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

If Changing Registered Agent, Signature of New Registered Agent

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 | EMMANUEL AFRICAIN | 5781 LEE BLVD SUITE 208 BOX 349 | <input checked="" type="checkbox"/> Add |
| | | LEHIGH ACRES FL 33971 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Maria Del Pilar Daniels Hernandez | 5781 LEE BLVD SUITE 208 BOX 349 | <input checked="" type="checkbox"/> Add |
| | | LEHIGH ACRES FL 33971 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NOV 03 2020 7:53

E. Effective date, if other than the date of filing: JANUARY 06, 2020 (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 NOVEMBER 03

2020



Signature of a member or authorized representative of a member

EMMANUEL AFRICAÏN

Typed or printed name of signee