

L20 000 117120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

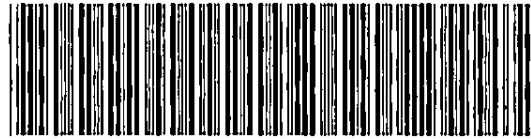
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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Albritton

DEC 05 2020
ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: D&R Express Transportation Service 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:

Renada Nelson Guyton

Name of Person

C.W.C. Consulting Service LLC

Firm/Company

9424 Baymeadows Road Ste 250

Address

Jacksonville, FL 32256

City/State and Zip Code

CreditWealthCapital@gmail.com

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

For further information concerning this matter, please call:

Renada Nelson Guyton

904 404-9419
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

五

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

ed:
5

C.W.C. Consulting Service LLC

9424 Baymeadows Rd. Ste. 250

Jacksonville, FL 32256

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

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
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		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change

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

~~The DBA name will change from D&R Express to Credit Wealth Capital, and the phone number will change from~~
904.780.2784 to 904.404.9419. If you have any question please do not hesitate to call. Thank you for your time.

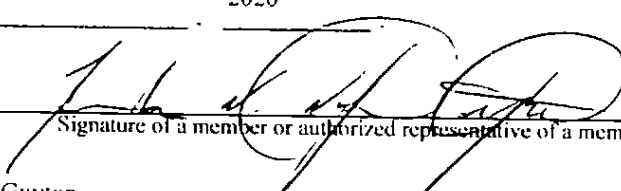
E. Effective date, if other than the date of filing: _____ **(optional)**

(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)(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 October 20, 2020



Signature of a member or authorized representative of a member

Renada N. Nelson Guyton

Typed or printed name of signee

Filing Fee: \$25.00