

L20000260214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

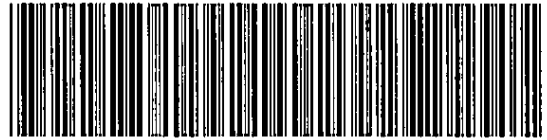
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

4/27/2021
S.C.



700361065017

03/08/21--01047--007 **60.00

FILED
2021 MAR -8 P 11:30
SCLEROSIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FM CONTRERAS EXPRESS 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:

FELIPE CONTRERAS

Name of Person

FM CONTRERAS EXPRESS LLC

Firm/Company

14081 HUNTER GROVE DRIVE

Address

ORLANDO, FLORIDA 32828

City/State and Zip Code

FELIPEYA777@ICLOUD.COM

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

For further information concerning this matter, please call:

FELIPE CONTRERAS

Name of Person

305 8461941
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 Address:

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

2021 MAR - 8 P 11:30
FILED

FM CONTRERAS EXPRESS LLC

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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	FELIPE J CONTRERAS	14081 HUNTER GROVE DRIVE	☐ Add
		ORLANDO, FLORIDA 32828	☐ Remove
			☒ Change
AMBR	MARCIA BECK	14081 HUNTER GROVE DRIVE	☐ Add
		ORLANDO, FLORIDA 32828	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove

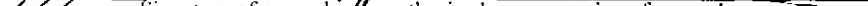
2021 MAR 18 PM 11:30
 FILED
 CLERK OF DISTRICT COURT
 14th JUDICIAL CIRCUIT IN FLORIDA
 ORLANDO, FLORIDA

FILED
2021 MAR -8 P 11:11
FBI - NEW YORK

FILED
2021 MAR -8 P 11:30
FBI - MEMPHIS

(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)

Dated FEBRUARY 22 2021


Signature of a member or authorized representative of a member

FELIPE J CONTRERAS

Typed or printed name of signee