

670 000 329655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

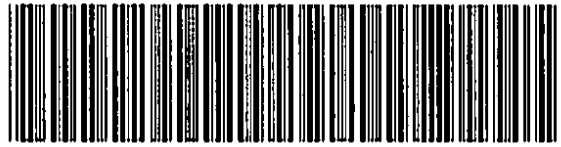
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/04/20--01020--005 **55.00

2020 11 04 PM 2:31

45
12/15/20

Shantaz Harper - 904-535-9009

Truoma Harper - 904-805-2030

11463 Elderflower Way West
Jacksonville, FL 32218

Need to correct Business from
Harpers Unique Truckin LLC to
Harpers Unique Truckin Courier Service LLC
because my EIN is registered under that
name. I was moving to fast when I registered
my business name.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Harpers Unique Truckin 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:

Shantaz Harper
Name of Person
Harpers Unique Truckin LLC
Firm/Company
11463 Elderflower Way West
Address
Jacksonville, fl 32218
City/State and Zip Code
Harpersutruckin@gmail.com
E-mail address: (to be used for future annual report notification)

2001-11-15
PH 2-31

For further information concerning this matter, please call:

Shantaz Harper at (904) 805-2030
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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>
MDR	Truvonna Harper	11463 Elderflower Way West	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

I just forgot to add Courier Service after my company name. The correct name should be
Harpers Unique Truckin Courier Service LLC.

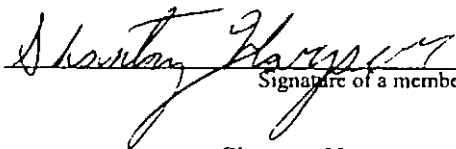
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 10/30/2020



Signature of a member or authorized representative of a member

Shantaz Harper

Typed or printed name of signee

Filing Fee: \$25.00