

L21000138480

(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:

7/7/21
TM

Office Use Only



000363239700

04/08/21--01025--007 **52.50

21 JUL -6 PM 2:38



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 1, 2021

RICARDO RIVERA SALICRUP
943 MOZART DRIVE
ORLANDO, FL 32825

SUBJECT: JIP TRUCKING ONE LLC
Ref. Number: L21000138980

We have received your document for JIP TRUCKING ONE LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews
OPS

Letter Number: 721A00011748

2021 JUL -6 PM 4:08

RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jip Trucking One 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:

Ricardo Rivera Salicrup
Name of Person

Jip Trucking One LLC
Firm/Company

943 Mozart Dr
Address

Orlando FL 32825
City/State and Zip Code

Lolly@junkeritplus.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ricardo Rivera Salicrup at (407) 432 5492
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 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

[illegible]

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

Title Name Address Type of Action

21 JUL -6 PM 2:38

MGR Scorsese, Michael 1520 Wintergreen
blvd Winter Park FL 32792

☒ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

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

21 JUL -6 PM 2: 38

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

6/29 21

Signature of a member or authorized representative of a member

Ricardo Rivera Salicrup

Typed or printed name of signee