

L21 000152811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

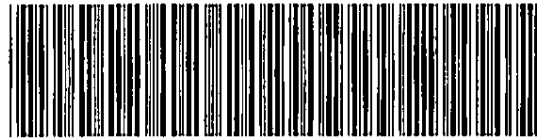
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TULSA, OK

US
6/7/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TORELLA'S TRANSPORT 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:

FERNANDO TORRELLA

Name of Person

TORRELLA'S TRANSPORT LLC

Firm/Company

7816 WEXFORD PARK DR APT 302

Address

TAMPA FLORIDA 33610

City/State and Zip Code

AANDRBUSINESS@HOTMAIL.COM

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

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

JOSELYN CABALLERO

323 513-2840
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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

TORELLA'S TRANSPORT LLC

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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OFFICE OF STATE
CLERK
1000 PENNSYLVANIA AVE
HARRISBURG, PA 17103

2021 APR 22 PM 1:26
SCHOOL OF STATE
POLICE

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SECRETARY OF STATE
OFFICE OF THE SECRETARY

(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 APRIL .1 2021

Fernando Torrella

Signature of a member or authorized representative of a member

FERNANDO TORRELLA

Typed or printed name of signee

Filing Fee: \$25.00