

K21 000228811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

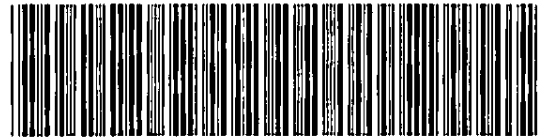
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: L&E FLATBED TRUCKING 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:

LIBER A ALVAREZ MARTINEZ

Name of Person

MGR

Firm/Company

1790 ABBEY RD APT 106B

Address

WEST PALM BEACH, FL 33415

City/State and Zip Code

ADOLFOMARTINEZ1588@GMAIL.COM

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

For further information concerning this matter, please call:

LIBER A ALVAREZ MARTINEZ

561

319-1131

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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017121 and assigned

L.C." or the abbreviation "L.L.C."

33415

33415


ards, enter the name of the new

dress

Florida 33415

Zip Code

*further agree to comply with the
and I am familiar with and
5, F.S. Or, if this document is
that the limited liability*


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>
MGR	LIBER A ALVAREZ MARTINEZ	1790 ABBEY RD	<input checked="" type="checkbox"/> Add
		APT 106B	<input type="checkbox"/> Remove
		WEST PALM BEACH, FL 33415	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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.

Dated 08/10/2021 01:00PM

Typed or printed name of signee