

L21 000 238 260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

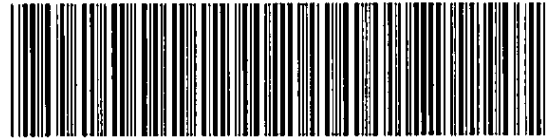
(Business Entity Name)

(Document Number)

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SECTION 16
PUBLIC RECORDS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SS DISPATCH 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:

Paulo de Souza

Name of Person

SS DISPATCH LLC

Firm/Company

709 Marsh reed Dr

Address

Winter Garden, FL 34787

City/State and Zip Code

campdsouza@gmail.com

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

For further information concerning this matter, please call:

Paulo de Souza

Name of Person

at (772) 2401144

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

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

[illegible]

2023 MAR 16 AM 9
SECURITY
TALLAHASSEE

2023 MAR 16 AM 9:40
SEC. OF STATE
TALLAHASSEE, FL

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 March 2nd, 2023

Paulo de Menezes
Signature of a member or authorized representative of a member

PAULO DE SOUZA
Typed or printed name of signee