

121 000247367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

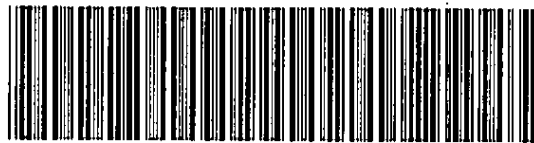
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21 JUL -6. PM 12:18
DIVISION OF REVENUE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Caron 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:

Filing Department

Name of Person
BetterLegal

Firm/Company
750 North Saint Paul St Suite 250, PMB 35833

Address
Dallas, TX 75201

City/State and Zip Code
mattearon41@gmail.com

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

For further information concerning this matter, please call:

Filing Department 512 969-2339

Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

THE UNIVERSITY OF CHICAGO

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(Name of the Limited Liability Company as it now appears on our records.)

Page 1 of 3

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	Matthew caron	1726 NE 34TH LN	<input type="checkbox"/> Add
		CAPE CORAL, FL 33909	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Matthew Paul Caron Jr	1726 NE 34TH LN	<input checked="" type="checkbox"/> Add
		CAPE CORAL, FL 33909	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

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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 June 3, 2021

Signature of a member or authorized representative of a member

Matthew Paul Caron Jr

Typed or printed name of signee