

K21 000 301 8941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

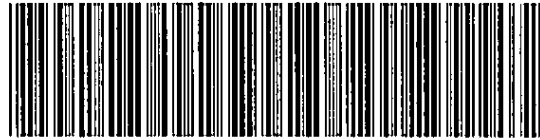
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2 WOMEN AND A TRUCK 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:

RUTH E MARTE

Name of Person

CAPITAL TAX & FILING SOLUTIONS LLC

Firm/Company

375 N STATE RD 434 STE 2207

Address

ALTAMONTE SPRINGS, FL 32714

City/State and Zip Code

CAPITALTAX1610@GMAIL.COM

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

For further information concerning this matter, please call:

RUTH E MARTE

\$63

599-9894

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FLORIDA

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2 WOMEN AND A TRUCK 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>
AMBR	JEAN C PIMENTEL	645 STAFFORD TERRACE APT 162 ALTAMONTE	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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ALTAMONTE, FLORIDA

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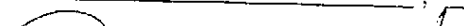
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MAIL ROOM

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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 , .


Signature of a member or authorized representative of a member

RUTH E MORTE
Typed or printed name of signee