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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

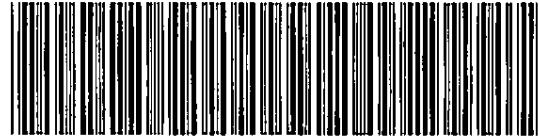
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AUG 30 2021

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fendy 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:

Lafleur Carl Fendy

Name of Person

Fendy Transport LLC

Firm/Company

20682 NE 2nd court

Address

Miami, FL 33179

City/State and Zip Code

Carl.fendy.lafleur@yahoo.com

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

For further information concerning this matter, please call:

Lafleur Carl Fendy

754 2040197
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

21 AUG 69 PM 2: 21

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

07/13/2021

A. If amending name, enter the new name of the limited liability company here:

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

_____, Florida _____
City Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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

21 AUG 30 PM 2: 21

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Lafleur Carl Fendy	20682 NE 2nd Court Miami, FL 33179	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lafleur Carl Fendy	20682 NE 2nd court Miami, FL 33179	<input checked="" type="checkbox"/> Add
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F. Effective date, if other than the date of filing: 8/21/2021 (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 _____, _____

Ja Hwan Choi
Signature of a member or authorized representative of a member

Latteur Carl Fendy

Typed or printed name of signee

Filing Fee: \$25.00