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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

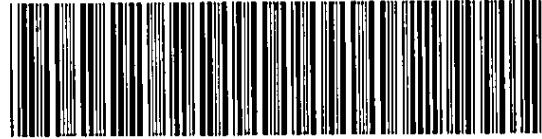
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ideal JM 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:

Maykel Caraballo
Name of Person
Ideal JM Trucking LLC
Firm/Company
5440 Lee 21st Ct # 401
Address
Healeah FL 33016
City/State and Zip Code
continuelio@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maykel Caraballo at (786) 458 9352
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

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

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 | Julio Contino | 5440 W 21st # 401 | <input checked="" type="checkbox"/> Add |
| | | healeah FL 33016 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Maykel Caraballo | 5440 W 21st # 401 | <input checked="" type="checkbox"/> Add |
| | | healeah FL 33016 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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07/15/2021

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.

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Signature of member or authorized representative

 Manuel Caraballo
 Typed or printed name of signatory

Filing Fee: \$25.00