

171 000 371959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

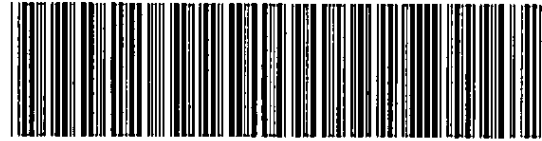
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700377068617

12/02/21--01011--001 **30.00

21 DEC -2 PM 3:28

T. MATTHEWS

DEC 13 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NATURAL 9 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:

LANSFIELD BECK

Name of Person

Natural 9 Trucking LLC

Firm/Company

2240 NW 193RD TERRACE

Address

MIAMI, FL 33056

City/State and Zip Code

Natural9Trucking@gmail.com

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

For further information concerning this matter, please call:

Lansfield Beck

305 915-5767

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
244 S. G St.
Tallahassee, FL 32301

21 DEC -2 PM 3:28

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

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.

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

21 DEC -2 PM 3:28

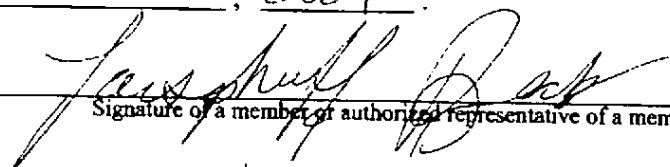
E. Effective date, if other than the date of filing: _____ (optional)

(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 NOVEMBER 26, 2021



Signature of a member or authorized representative of a member

Joseph Beck

Typed or printed name of signee