

L21000 414066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

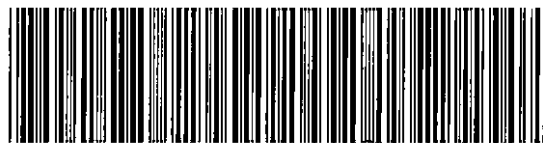
(Business Entity Name)

(Document Number)

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HARRISBURG, PA 17103

fee waived
due to clerical
error

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Royal Logistics, 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:

LaTonya Royal

Name of Person

She's Royai Logistics

Firm/Company

401 N. Rosemary Avenue, Suite 24

Address

West Palm Beach, FL 33401

City/State and Zip Code

latonyaroyal@yahoo.com

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

For further information concerning this matter, please call:

LaTonya Royal

561 502-4211
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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Royal Logistics, 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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CLERK OF DISTRICT COURT

2021 SEP 28 AM 11:41
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

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TALLAHASSEE, FLORIDA

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Dated 9/28/21

Dated

Signature of a member or authorized representative of a member

LaTonya Royal

Typed or printed name of signee

Filing Fee: \$25.00