

L21000475946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

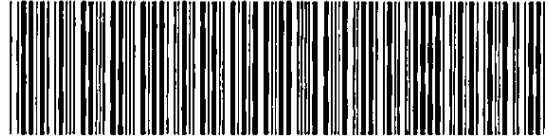
(Business Entity Name)

(Document Number)

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2023 AUG 28 PM 1:43

A. PARISHANI

SEP 16 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FRIENDLY ENVIROMENTAL RECYCLING 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:

Valentine Jackson

Name of Person

FRIENDLY ENVIRONMENTAL RECYCLING LLC

Firm/Company

15800 Pines Blvd Suite #301

Address

Pembroke Pines, FL 33027

City/State and Zip Code

valjackson529@yahoo.com

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

For further information concerning this matter, please call:

Valentine Jackson

954

5490144

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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2023 AUG 28 PM 1:4

(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

<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
			<input checked="" type="checkbox"/> 2023
			<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> July 2023
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> PM
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> 43
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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 August 22, 2023


Signature of a member or authorized representative of the contractor

VALENTINE S JACKSON

Typed or printed name of signee

Filing Fee: \$25.00