

L22000167120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

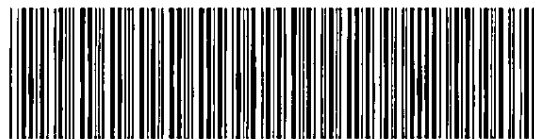
(Business Entity Name)

(Document Number)

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SECURITY  
FACILITY

120

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Haul Aboard 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:

Antwanette Faust  
\_\_\_\_\_

Name of Person

Haul Aboard Logistics LLC  
\_\_\_\_\_

Firm/Company

2301 Park Ave Suite 305  
\_\_\_\_\_

Address

Orange Park, FL 32073  
\_\_\_\_\_

City/State and Zip Code

Antwanettefaust@yahoo.com  
\_\_\_\_\_

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

For further information concerning this matter, please call:

Antwanette Faust  
\_\_\_\_\_

904 4975676  
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

2023 SEP 11 11:35  
TALLAHASSEE, FL 10A

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**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	Calvin Butler	7009 Foxglove Ln	<input checked="" type="checkbox"/> Add
		Tallahassee, FL 32312	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jennifer Williams	2616 Midway Branch Drive #303	<input checked="" type="checkbox"/> Add
		Odenton, MD 21113	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**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.

Dated January 20 2023

January 20 \_\_\_\_\_ 2023 \_\_\_\_\_  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

Antwanette Faust

Typed or printed name of signee

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	SEP 11 2023	RECEIVED