

h22000190316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

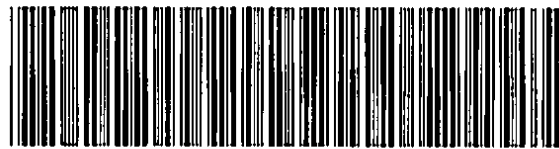
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/19/22--01005--017 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 MAY 19 PM 3:09

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: POMMER EXPRESS 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:

LUCIMAR JACOB

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

9419 GENNA TRACE TRAIL

\_\_\_\_\_  
Address

JACKSONVILLE, FL 32257

\_\_\_\_\_  
City/State and Zip Code

lucimarjacob1968@gmail.com

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

For further information concerning this matter, please call:

LUCIMAR JACOB

954  
at ( )

867-4129

\_\_\_\_\_  
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

FILED

2022 MAY 19 PM 3:09

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

~~SECRETARY OF STATE~~  
~~U.S.~~ TALLAHASSEE, FL

**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>
AMBR	DAVID TEXEIRA	3009 EMERALD MEADOW LN	<input type="checkbox"/> Add
		CHARLOTTE, NC 28273	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DAVID T. CIACCO	6317 REVOLUTIONARY TRL	<input checked="" type="checkbox"/> Add
		CHARLOTTE, NC 28217	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2022 MAY 19 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FL

2022 MAY 19 PM 3:09  
SECRETARY OF STATE  
TALLAHASSEE, FL

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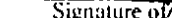
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 MAY 14

2022

2022



Signature of a member or authorized representative

Signature of a member or authorized representative of a member

LUCIMAR JACOB

Typed or printed name of signee

**Filing Fee: \$25.00**