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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

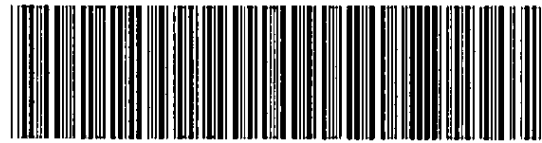
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pelikin Pro 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:

Edwin Cruz
Name of Person
Pelikin Pro Logistics LLC
Firm/Company
838 Windsor St
Address
Lakeland, FL 33803
City/State and Zip Code
edcruz73@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edwin Cruz at (863) 529-4795
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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Pelikin Pro Logistics LLC

~~SECRET~~ DEPT OF STATE
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>
MGR	Edwin Cruz Jr	838 Windsor St	<input type="checkbox"/> Add
		Lakeland FL 33803	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Isaiah J. Cruz	838 Windsor St	<input type="checkbox"/> Add
		Lakeland, FL 33803	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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2022 MAY 27 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: 5-23-22 (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 May 23, 2022

Edwin S

Signature of a member or authorized representative of a member

Edwin Cruz

Typed or printed name of signee