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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

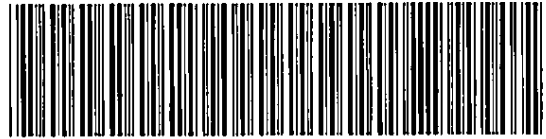
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R. HUNT

05/16/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ON CALL TRUCKING 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:

HOWARD SMITH
Name of Person

ON CALL TRUCKING LOGISTICS LLC
Firm/Company

5535 LAKEVIEW MEN'S TERRACE
Address

BOYTON BEACH FL 33437
City/State and Zip Code

HMS457100@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HOWARD SMITH at 347 739-1927
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

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>
<u>✓</u>	<u>LEVON Smith</u>	<u>5535 LAKEVIEW</u>	<input checked="" type="checkbox"/> Add
		<u>MENUS TERRACE</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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