

L22000432498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

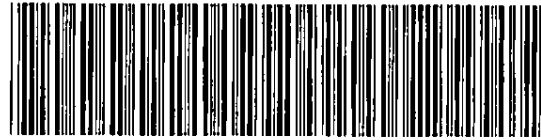
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500406283855

FILED
2023 MAR 19 PM 12:06
CLERK OF STATE
TALLAHASSEE, FL

RECORDED
2023 APR 19 PM 2:49
CLERK OF STATE
TALLAHASSEE, FL

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
850.656.7953

REQUEST DATE 4/19/2023

PRIORITY Regular Approval

OUR REF # (Order ID#) 1141532

ORDER ENTITY
FLP DELIVERY SERVICES LLC

PLEASE PERFORM THE FOLLOWING SERVICES:
FLP DELIVERY SERVICES LLC (FL)

File the attached amendment

NOTES:
\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:
ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "VJG".

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FLP Delivery Services 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:

LaTarsus,Porter A

Name of Person

FLP Delivery Services LLC

Firm/Company

3702 W Spruce Street 1395

Address

Tampa,Florida 33607

City/State and Zip Code

Latarsus.Portera@gmail.com

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

For further information concerning this matter, please call:

Latarsus,Porter, A

813

389-5622

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

FILED
2023 APR 19 PM 12:06
CLERK OF THE COURT
STATE OF FLORIDA

(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

MGR = Manager
AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2023 MAR 19 PM 12:00
DEPT. OF STATE
TALLAHASSEE, FL

RECEIVED
JAN 19 1961
U.S. DEPT. OF STATE
OFFICE OF THE SECRETARY
WASHINGTON, D.C.

11

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 April 18th 2023

Signature of a member or authorized representative of the contractor

Signature of a member or authorized representative of a member

Latarsus Porter

Typed or printed name of signee

Filing Fee: \$25.00