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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

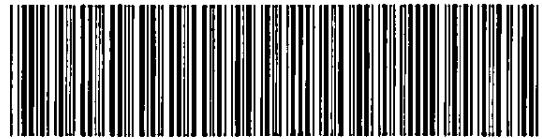
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Browns Logistics And Dispatch 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:

Lindsay Brown
Name of Person

Browns Logistics and Dispatch Services LLC
Firm/Company

5342 Seaboard Avenue Apt 16
Address

Jacksonville, FL 32210
City/State and Zip Code

Brown.Logistics21@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Lindsay Brown at (678) 887-9496
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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Browns Logistics and Dispatch Services LLC

If Changing Registered Agent, Signature of New Registered Agent

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AR	Shayla Brown	5342 Seaboard Avenue NE Jacksonville, FL 32010	Add
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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.

Lindsay Brown
Signature of a member or authorized representative of a member

Lindsay Brown
Typed or printed name of signee

Filing Fee: \$25.00