

L23000460214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

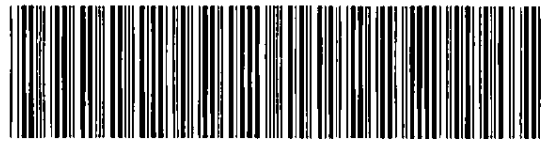
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LUNION DELIVERY SERVICE, 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:

Sauveur Paniague

Name of Person

LUNION DELIVERY SERVICE, LLC

Firm/Company

3771 Justice Cir

Address

Immokalee, FL 34142

City/State and Zip Code

Luniondeliveryservice11c@gmail.com

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

For further information concerning this matter, please call:

Sauveur Paniague

239 986-7600

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

MA
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>
AP	Herold K Pierre Paul	2902 NW 10th Ter	<input type="checkbox"/> Add
		Cape Coral, FL 33993	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sauveur Paniague	3771 Justice Cir	<input checked="" type="checkbox"/> Add
		Immokalee, FL 34142	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Employer Identification Number: 93-3820152

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 October 10 2023

Samuel Ponzio
Signature of a member or authorized representative of a member

Sauveur Paniague

Typed or printed name of signee

Filing Fee: \$25.00