L23 000 S02 346

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iting Officer:	





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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: HOOK 3 Drop Trans	portation LLC
Name of Limited Liabilit	rý Company
The enclosed Articles of Amendment and fee(s) are submitted for	filing.
Please return all correspondence concerning this matter to the folk	owing:
<u>Cedric Bourfee</u>	Sr. ne of Person
Firm	n/Company
5230 Gold Tre	e C+
Orlando,	FL 3380 8 te and Zip Code
Hockandrop	or future annual report notification)
For further information concerning this matter, please call:	
Cedric Burtee Sr. at	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Cer	.00 Filing Fee & rtified Copy ditional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HOOK 3 Drop Transportation LC
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:
Cedric Brustee Sr. Name of Person
Firm/Company
5230 CRID Tree C+ Address
City/State and Zip Code HCLAMICD 23 Canail. Cum E-mail address: (to be used for future annual report notification)
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cedric Pointee Sr. at (41.7) 927-4376 Name of Person Area Code Daytime Telephone Number
Name of Person
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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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

Title	<u>Name</u>	Address	Type of Action
MGR	Cedric Bartee Sc		DAdd
		orlando, FL 32808	□Remove
			□Change
			□ Add
			· ` _ □Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
			□Change
		-	□Add
			□Remove

		
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effective date is te: If the date	fother than the date of filing: (optional) slisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant inserted in this block does not meet the applicable statutory filing requirements, this date will not tive date on the Department of State's records.	
cord specifies : s filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th da	ay after the
ed <u>NCV</u>	ember 29th apa3.	
	The Mala	
	Signature of a member or authorized representative of a member	
	Tavares Leakes	

Filing Fee: \$25.00