

L21000252175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

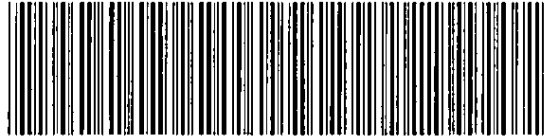
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JL INSURANCE CONSULTING 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:

ALEJANDRA LADINO

Name of Person

Moneytax Service Center LLC

Firm/Company

4838 N UNIVERSITY DR

Address

Lauderhill, FL 33351

City/State and Zip Code

LAUDERHILL@MONEYTAXSVC.COM

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

For further information concerning this matter, please call:

ALEJANDRA LADINO

954 870-7507
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

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>
AMBR	LONDONO, EDGAR F	4950 WOODLANDS BLVD	<input type="checkbox"/> Add
		TAMARAC, FL 33319	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ROCHA, ANGELICA M	4950 WOODLANDS BLVD	<input type="checkbox"/> Add
		TAMARAC, FL 33319	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALEJANDRA LADINO	4838 N UNIVERSITY DR	<input checked="" type="checkbox"/> Add
		Lauderhill, FL 33351	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

(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.

Dated JUNE, 07, 2023

Edgar Londono
Signature of a member or authorized representative of a member

EDGAR LONDONO

Typed or printed name of signee

Filing Fee: \$25.00