

L05000005200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

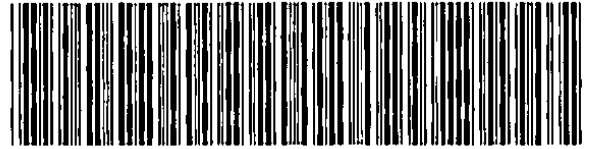
(Document Number)

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DEC 1, 2020

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DEC 1, 2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 15, 2020

JOSE CASTRO ZAPATA  
18722 DOBSON DRIVE  
HUDSON, FL 34667

SUBJECT: JOCAZA, LLC  
Ref. Number: L05000005200

We have received your document for JOCAZA, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As you were told in a previous letter, the name BUNDLE SERVICE, LLC is UNAVAILABLE because it is already in use in the State of Florida. Therefore, we are unable to grant you that name as an LLC. You will need to choose another name or add another word to it to make it different.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II Supervisor

Letter Number: 720A00025297

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

JOCAZA LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JANUARY 05, 2005 and assigned  
Florida document number L05000005200.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

JCBUNDLESERVICE LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

City

Florida

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

N/A

If Changing Registered Agent, Signature of New Registered Agent

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

I am submitting the new EIN assigned by the IRS to JCBUNDLESERVICE LLC number 85-4375792

I am sending a copy of the new EIN

**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)

**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 December 21, 2020

Signature of a member or authorized representative of a member

JOSE CASTRO ZAPATA

Typed or printed name of signee

**Filing Fee: \$25.00**

Date of this notice: 12-21-

Employer Identification Numbr  
85-4375792

Form: SS-4

Number of this notice: CP 5

JCBUNDLESERVICE LLC  
JOSE CASTRO ZAPATA SOLE MBR  
18722 DOBSON DR  
HUDSON, FL 34667

For assistance you may call  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTI

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assign EIN 85-4375792. This EIN will identify you, your business accounts, tax returns, a documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very im that you use your EIN and complete name and address exactly as shown above. Any va may cause a delay in processing, result in incorrect information in your account, o cause you to be assigned more than one EIN. If the information is not correct as s above, please make the correction using the attached tear off stub and return it to

A limited liability company (LLC) may file Form 8832, *Entity Classification El* and elect to be classified as an association taxable as a corporation. If the LLC eligible to be treated as a corporation that meets certain tests and it will be ele corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notic visit our Web site at [www.irs.gov](http://www.irs.gov). If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

#### IMPORTANT REMINDERS:

- \* Keep a copy of this notice in your permanent records. **This notice is issue one time and the IRS will not be able to generate a duplicate copy for you.** may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or w us at the address shown at the top of this notice. If you write, please tear off t at the bottom of this notice and send it along with your letter. If you do not nee write us, do not complete and return the stub.

Your name control associated with this EIN is JCBU. You will need to provide information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.