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11:30

COVER LETTER

**TO: Registration Section
Division of Corporations**

JR FLORIDA BUILDERS, LLC

SUBJECT: _____
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:

ROSITA YASMIN LOPEZ RODRIGUEZ

Name of Person

JR Florida Builders, LLC

Firm/Company

3745 42nd Ave SE

Address

NAPLES, FL 34117

City/State and Zip Code

jrfloridabuilders@gmail.com

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

For further information concerning this matter, please call:

ROSITA LOPEZ

Name of Person

at (239) 244-4573

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 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	JAIRO TAPIA	4432 27th Ct SW	<input checked="" type="checkbox"/> Add
		Naples, FL 34116	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JAIRO TAPIA-LOPEZ	3745 42nd Ave SE	<input checked="" type="checkbox"/> Add
		Naples, FL 34117	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	WILLIAM ALEXANDER LOPEZ RODRIGUEZ	3745 42nd Ave SE	<input checked="" type="checkbox"/> Add
		Naples, FL 34117	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2020 JUN 11 AM 11:11
 TALLAHASSEE COUNTY FLORIDA

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

Handwritten signature: *Rosita Lopez*

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FLORIDA

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 June 10, 2021.

Rosita Lopez

Signature of a member or authorized representative of a member

ROSITA YASMIN LOPEZ RODRIGUEZ

Typed or printed name of signee