

**L08000010303**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

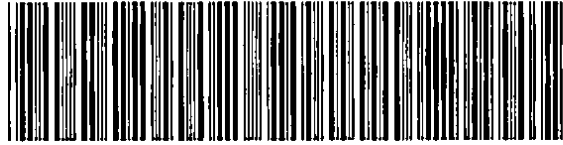
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**RECEIVED**

**SEP 28 2020**

08/29/20--01004--018 \*\*30.00

2020 SEP 28 PM 6:48

**FILED**

NOV 04 2020

**S. YOUNG**

Registration Section  
Division of Corporations

SUBJECT: JAMAICA/CARIBBEAN THINGS LLC  
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAULETTE CHIN LOY

Name of Person

JAMAICA/CARIBBEAN THINGS LLC

Firm/Company

1410 LANIER RD

Address

LAKELAND FLORIDA 33810

City/State and Zip Code

jacarthings@gmail.com

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

For further information concerning this matter, please call:

PAULETTE CHIN LOY at (786) 399-4419  
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

FILED  
2020 SEP 28 PM 6:48  
and assigned to  
Clerk of Court  
Clerk of Court  
Clerk of Court

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

and assigned

his amendment is submitted to amend the following:

3/A

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

N/A

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N/A

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PAULETTE CHIN LOY

N/A

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

*hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the 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.*

Phunboy  
If Changing Registered Agent, Signature of New Registered Agent

removing Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

GR = Manager

IBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GRM	PAULETTE CHIN LOY	1410 LANIER RD LAKELAND FL 33810	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
GRM	JHENELLE CHIN LOY	1410 LANIER RD LAKELAND FL 33810	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

**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.

Dated SEPTEMBER 23, 2020

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**