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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

NOV 02 2016

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

CJRE FINANCIAL SERVICES 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:

JOSE ESTEVES

\_\_\_\_\_  
Name of Person

CJRE FINANCIAL SERVICES LLC

\_\_\_\_\_  
Firm/Company

764 SW 8TH STREET

\_\_\_\_\_  
Address

MIAMI, FL 33130

\_\_\_\_\_  
City/State and Zip Code

JOSE@TAXTORE.COM

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

For further information concerning this matter, please call:

JOSE ESTEVES

786

459-1954

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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## CJRE FINANCIAL SERVICES LLC

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or removed from our records:

**MGR = Manager**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	VALENTINA ALICE STEPHANS	764 SW 8TH STREET	<input type="checkbox"/> Add
		MIAMI, FL 33130	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	CARLOS RODRIGUEZ	764 SW 8TH STREET	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33130	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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16 OCT 30 PM 2:10  
DEPARTMENT OF STATE  
HALLAND BEACH, FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

**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.

OCTOBER 25TH 2016  
Dated \_\_\_\_\_, \_\_\_\_\_

JOSE ESTEVES

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**Filing Fee: \$25.00**