

212000076971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

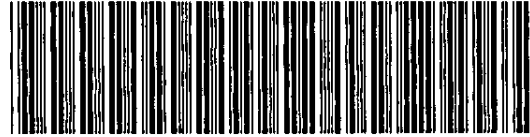
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 09 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JA Computers 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:

Name of Person

Accounting & Prof. Services LLC
Firm/Company

329 A Franklin St
Address

Ocoee, FL 34761
City/State and Zip Code

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

For further information concerning this matter, please call:

F-Ruiz at (407) 652-3883
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

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JA COMPUTERS LLC

Page 1 of 3

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SONARA LEONMA	1814 MEADOW POND WAY	<input type="checkbox"/> Add
		Orlando, FL 32824	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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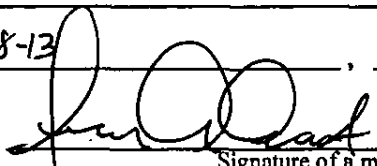
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 Remove

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

Dated

8-28-13



Signature of a member or authorized representative of a member

JUAN ACOSTA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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