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09/25/17--01014--005 **25.00



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COVER LETTER

TO: Registration Section Division of Corporations

JONAH'S FLORIDA 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:

RONALD CRUZ

Name of Person

JONAH'S FLORIDA SERVICES LLC

Firm/Company

7013 TWELVE OAKS BLVD

Address

TAMPA FL 33634

City/State and Zip Code

RONALDCRUZ21@YAHOO.COM

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

For further information concerning this matter, please call:

RONALD CRUZ	813	918-4648
	at (1
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status

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S55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60,60 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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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 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. Thereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person-being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ALEJANDRO ROQUE	6518 W COMANCHE AVE	🔤 Add
		TAMPA FL 33634	C Remove
			Change
			🖸 Add
			Change - 1
			Change Change C. Change C
			🗆 Add
			Remove
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9/21/2017	
tive date, if other than the date of filing:	(optional)

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.

SEPTEMBER 21		
	Signature of a ruember or authorized representative of a mem	Der
RONALD CRUZ		
	Typed or printed name of signce	

Page 3 of 3

Filing Fee: \$25.00