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(Requestor's Name)					
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PICK-UP		MAIL			
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Certified Copies	Certificates of Status				
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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 12, 2019

JOGLY GARCIA JAJ UNITED LLC 2441 NW 93RD AVENUE STE 102B DORAL, FL 33172

SUBJECT: JAJ UNITED LLC Ref. Number: L13000041899

We have received your document for JAJ UNITED LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young Regulatory Specialist II

Letter Number: 719A00014055

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COVER LETTER

TO: **Registration Section** Division of Corporations

United SUBJECT: Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

) agly Garcig J Name of Person W United UC Firm/Company

NW 93rd Avenue, Suite 102B 2441

Daral, FL 33172 City/State and Zip Code

<u>hed coognat</u>. <u>con</u> ss: (to be used for (uture annual report notification)

For further information concerning this matter, please call:

Jogly Garcig at (786) 229-5878 Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS: **Registration Section** Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS: **Registration Section** Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

□ \$25 Filing Fee

\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

.

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

I. Name	of the limited liability company: <u>JAJ Uni</u>	ted UC		
2. (a) <u>24</u>	141 NW 93 rd Arenne, Svite 102B Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Doral, FL 33172		NW 93 rd Avenue Mailing address of fimited f (<u>Note: MAY BE POST 6</u> aval, FL 3317	iability company <u>OFFICE BOX</u>)
3. 5. (a)	03 20 2013 Date of filing/registration in Florida 	4.	Document number	
	10625 Miami Lakes Drive Sur egistered Office Address <u>MUST BE FLORIDA STREET A</u> Miami Lakes .Fl.			10 SEP -3 F
2	ter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 2441 <u>WW 93rd Avenue</u> , <u>Suite</u> <u>EW</u> Registered Office Address:			PH 9: 61
	Daral .FL	33172	-	
the change agent will was/were a	ted liability company is not organized under the law e or changes are made, the Florida street address of be identical. Or, in the case of a Florida limited lia authorized by an affirmative vote of the members o s of organization or the operating agreement of the l	the registered office bility company, it i, f the limited liabilit limited liability con	e and the business offic s hereby confirmed tha y company or as othery	ce of the registered at the change(s) wise provided in
Thereby a provisions the obligat to merely 1 notified in	of a member or futkorized representative of a member accept the appointment as registered agent and agra of all statutes relative to the proper and complete tions of my position as registered agent as provided reflect a change in the registered office address. I h writing of this change.	ee to act in this cap performance of my l for in Chapter 605	acity. 1 further agree (duties, and I am famili 5. F.S. Or, if this docu	o comply with the ar with and accept nent is being filed
Signature of	Registered Agent			

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314