

**L13000124086**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

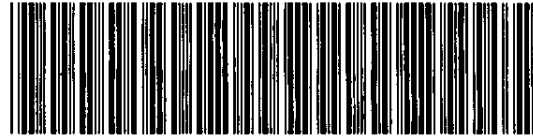
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

**DEC 12 2013**

**D. BRUCE**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **CARJAVI, 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:

**TAMMY PEREZ**

Name of Person

**TABADESA ASSOCIATES**

Firm/Company

**7005 W 17TH CT**

Address

**HIALEAH, FL 33014**

City/State and Zip Code

**TAMMYP@TABADESA.COM**

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

For further information concerning this matter, please call:

**TAMMY PEREZ**

Name of Person

at ( **786** ) **541-8043**

Area Code & Daytime Telephone Number

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CLERK OF STATE

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



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>
MGR	JAVIER VARELA	2123 RENAISSANCE BLVD	<input type="checkbox"/> Add
		MIRAMAR, FL 33025	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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CLERK OF DISTRICT COURT  
TALLAHASSEE FL 32304

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

PLEASE ADD EIN: 46-3564807

Dated \_\_\_\_\_, \_\_\_\_\_.

Signature of a member or authorized representative of a member

CARLOS IMAZIO

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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