

L/3000/64592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

MAR 20 2014

A. LUNT

Office Use Only



600257785356

03/17/14--01034--020 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAR 17 PM 4:52

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Jaxcar Investments, 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:

Matthew Wolper

Name of Person

Firm/Company

624 NW 110th Avenue

Address

Plantation, FL 33324

City/State and Zip Code

mwolper@bressler.com

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

For further information concerning this matter, please call:

Matt Wolper

Name of Person

at (**954**)

Area Code

224-3421

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

RECEIVED
TALLAHASSEE, FLORIDA

2014 MAR 17 PM 1:52

FILED

Jaxcar Investments, LLC

Page 1 of 3

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Kelli Wolper	624 NW 110th Avenue, Plantation, FL 33324	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
2014 MAR 17 PM 3:52
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 7, 2014


Signature of a member or authorized representative of a member

Matthew Wolper

Typed or printed name of signee

2014 MAR 17 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED