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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Joalico Services, 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:

Alicia Cobielles

Name of Person

Joalico Services, LLC

Firm/Company

3060 Blaine Circle

Address

Deltona, FL 32738

City/State and Zip Code

alicobielles@gmail.com

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

For further information concerning this matter, please call:

Alicia Cobielles

407 448-2209

at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MMBR	Jose Cobielles		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		3060 Blaine Circle, Deltona, FL 32	<input checked="" type="checkbox"/> Change
MMBR	Alicia Cobielles		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		3060 Blaine Circle, Deltona, FL 32	<input checked="" type="checkbox"/> Change
MMBR	Giovanni Cobielles	324 SW 22 Street, Fort Lauderdale.	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MMBR	Jose Cobielles		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		3060 Blaine Circle Deltona, FL 32738	<input checked="" type="checkbox"/> Change
MMBR	Alicia Cobielles		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		3060 Blaine Circle, Deltona, FL 32738	<input checked="" type="checkbox"/> Change
MMBR	Giovanni Cobielles	324 SW 22 Street, Fort Lauderdale, FL 33315	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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Dated May 3rd, 2018

Alicia Casullo

Signature of a member or authorized representative of a member

Alicia Cobielles

Typed or printed name of signee