

L14000067085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

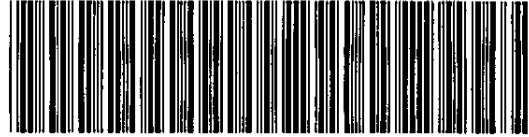
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

MAY 12 2014

J. BRUC

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** J&J FLORIDA HOLDINGS, LLC  
Name of Limited Liability Company

L14000067025

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES BUCK  
Name of Person

J&J FLORIDA HOLDINGS, LLC  
Firm/Company

9260 SW 49th STREET  
Address

COOPER CITY FL 33328  
City/State and Zip Code

JAYBUCK888@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES BUCK at (305) 798-5593  
Name of Person Area Code 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

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J&J FLORIDA HOLDINGS, LLC

The Articles of Organization for this Limited Liability Company were filed on 4/24/19 and assigned Florida document number 414000067025

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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>
MGR	JEANNE E SHARKEY	9260 SW 49 STREET	<input checked="" type="checkbox"/> Add
		COOPER CITY FL 33328	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 HAMILTON COUNTY  
 FLORIDA

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

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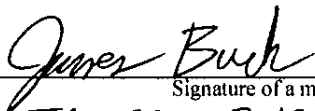
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 \_\_\_\_\_, \_\_\_\_\_.



Signature of a member or authorized representative of a member

JAMES BUCK

Typed or printed name of signee

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Filing Fee: \$25.00

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