

L14000094906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

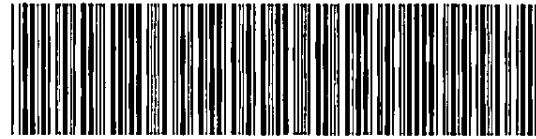
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2019 FEB 19 PM 4:17  
Clerk of Court

Amund

FEB 23 2019

I ALBRITTON

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** JEMAC REBUILDING 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:

ALEXANDRA LOZANO

\_\_\_\_\_  
Name of Person

Mexicali Express Inc

\_\_\_\_\_  
Firm/Company

8317 West Atlantic Blvd

\_\_\_\_\_  
Address

CORAL SPRINGS, FL 33071

\_\_\_\_\_  
City/State and Zip Code

maxi8317@aol.com

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

For further information concerning this matter, please call:

Alexandra Lozano

954

224-2348

at ( )

\_\_\_\_\_  
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

FILED  
2019 FEB 19 PM 4:17  
ST. LOUIS, MO  
and assigned

**(Name of the Limited Liability Company as it now appears on our records.)**  
(A Florida Limited Liability Company)

Florida document number L14000094906

**A. If amending name, enter the new name of the limited liability company here:**

1400 NW 96th Av Suite 102 Doral FL 33172

1400 NW 96th Av Suite 102 Doral FL 33172

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

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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>
AMBR	GARCIA LAZARO		<input type="checkbox"/> Add
		9500 NW 79 AVE BAY 19 HIALEAH GARDENS FL 33016	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	EDUIN ORTIZ	8735 NW 39th St SUNRISE FL 33351	<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
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[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

  
Signature of a member or authorized representative of a member

ALEXANDER BELTRAN ROMERO  
Typed or printed name of signee