

L14 0000 94906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

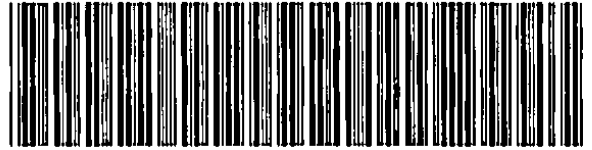
(Business Entity Name)

(Document Number)

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

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2020 MAY 26 AM 6:44  
RECEIVED  
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JUN 15 2020  
S. YOUNG

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

JEMAC REBUILDING LLC

**SUBJECT:** \_\_\_\_\_  
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:

ANA CRISTINA IONI

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

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

800 SE 4TH AVE SUITE 808B

\_\_\_\_\_  
Address

HALLANDALE BEACH, FL 33009

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

INFO@IONIREALESTATTEMIAMI.COM

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

For further information concerning this matter, please call:

ANA CRISTINA IONI

310 6914148

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

at (\_\_\_\_\_) \_\_\_\_\_

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED  
2020 MAY 26 AM 6:44  
and assigned

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

**If Changing Registered Agent, Signature of New Registered Agent**

**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>
MGR	ALEXANDER BELTRAN ROMERO		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		5946 MUSTANG MANOR DAVIE FL 33314	<input checked="" type="checkbox"/> Change
AMBR	ALEXANDER BELTRAN ROMERO		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		5946 MUSTANG MANOR DAVIE FL 33314	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

THE NEW ADDRESS OF ALEXANDER BELTRAN ROMERO MGR AND AMBR IS:

5946 MUSTANG MANOR DAVIE FL, 33314

AND THE NEW OFFICE'S ADDRESS IS:

10036-10038 NW 80 AVE HIALEAH GARDENS FL, 33316

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

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated MAY 05, 2020

Signature of a member or authorized representative of a member

ANA CRISTINA IONI

Typed or printed name of signer