

L14000134266

(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:

Office Use Only



400268270934

01/15/15--01008--018 **25.00

FILED
2015 JAN 15 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 29 2015
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MJCFL 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:

JEFFREY GOLBOIS CPA

Name of Person

PASTOR & GOLBOIS CPAs P.A.

Firm/Company

5300 W. ATLANTIC AVE STE 305

Address

DELRAY BEACH, FL 33484

City/State and Zip Code

JGOLBOIS@PG-CPA.COM

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

For further information concerning this matter, please call:

JEFFREY GOLBOIS

at (561)

995-1935

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

MJCFL LLC

Page 1 of 3

FILED
2015 JAN 15 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
the name of the ne

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>
_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

2015 JAN 15 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

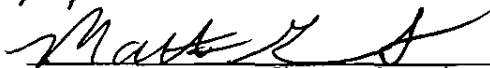
FILED

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 1/6/15, _____.



Signature of a member or authorized representative of a member

MATTHEW GILBERT

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2015 JAN 15 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA