

L14000165355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

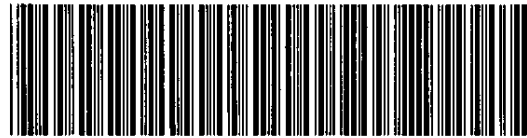
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Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Amend.

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SECRETARY OF STATE
HARRISBURG, PENNSYLVANIA

M. MILLIGAN
EXAMINER

NOV - 3 2014

ATTN: Michelle Milligan
COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Uncle J.J. Enterprises 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:

Jason J. Cooper
Name of Person
Uncle J.J. Enterprises LLC
Firm/Company
406 Finch Dr
Address
Satellite Bch, FL 32937
City/State and Zip Code
coop285@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason J. Cooper at (321) 652-9121
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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2014 and assigned

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

N/A

N/A

N/A

N/A

Page 1 of 3

• 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	Linda J. Burch	406 Finch Dr	<input type="checkbox"/> Add
		Sat. Bch, FL 32937	<input checked="" type="checkbox"/> Remove
MGR	Jason J. Cooper	406 Finch Dr	<input checked="" type="checkbox"/> Add
		Sat. Bch, FL 32937	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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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 _____, _____



Signature of a member or authorized representative of a member

Jason J. Cooper

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA