

Division of Corporations

Page 1 of 1

L15000040229

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000080963 3)))



H150000809633ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : ARNOLD MATHENY & EAGAN, P.A.
Account Number : I200CC000141
Phone : (407) 841-1550
Fax Number : (407) 841-8746

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****
Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
2013 JAFFA DRIVE LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

15 APR -1 AM 10:00

BUREAU OF CORPORATIONS
INFORMATION SERVICESSECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 APR -1 AM 7:56

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

APR -2 2015

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2013 JAFFA DRIVE 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:

Lehn E. Abrams

Name of Person

Arnold, Matheny & Eagan, P.A.

Firm/Company

605 E. Robinson Street, Suite 730

Address

Orlando, FL 32801

City/State and Zip Code

labrams@ameorl.com

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

For further information concerning this matter, please call:

Lehn E. Abrams

at (407) 841-1550

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

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

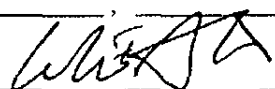
FILED
15 APR - 1 AM 7:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 April 1, 2015



Signature of a member or authorized representative of a member

Lehn E Abrams

Typed or printed name of signee

FILED
15 APR -1 AM 7:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA