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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 FEB - 3 PM 1:30

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K. SALY
FEB - 6 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JMW AUTO SALES, 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:

WANER MILLIEN

Name of Person

JMW AUTO SALES, LLC

Firm/Company

P.O. BOX 380328

Address

MIAMI, FL 33238

City/State and Zip Code

dgeri12345@gmail.comf

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

For further information concerning this matter, please call:

WANER MILLIEN

786 286-9127
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

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2017 FEB -3 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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	WANER MILLIEN	P.O. BOX 380328	<input type="checkbox"/> Add
		MIAMI, FL 33238	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	JONAS MILLIEN	2231 FLAMINGO DRIVE	<input type="checkbox"/> Add
		MIRAMAR, FL 33023	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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3:01 PM
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ALACHUA COUNTY, FLORIDA

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

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 01/31/2017 (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 JANUARY 31, 2017



Signature of a member or authorized representative of a member

WANER MILLIEN, MGR

Typed or printed name of signee