

LP5000101200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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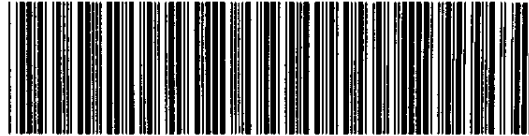
(Business Entity Name)

(Document Number)

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15 JUN 29 10 36
S. YOUNG

JUN 30 2015
S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JAK WELLINGTON FARM 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:

KEVIN FISCHER

Name of Person

OSCAR REY CPA, PA

Firm/Company

1400 LINCOLN RD., UNIT 504

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

KEVIN@OSCARREY.COM

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

For further information concerning this matter, please call:

KEVIN FISCHER

at (305) 531-8518

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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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15 JUN 29 PM 3:47
TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

Page 1 of 3

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	Jorge Kosterlitz Montejo	11401 HAWK HOLLOW	<input checked="" type="checkbox"/> Add
		LAKE WORTH, FL 33449	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Verena Janssen Sturmann	11401 HAWK HOLLOW	<input checked="" type="checkbox"/> Add
		LAKE WORTH, FL 33449	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

[illegible]

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 JUNE 24 2015

Alble

Signature of a member or authorized representative of a member

JORGE ANDRES KOSTERLITZ

Typed or printed name of signee

15	JUN 29 PM 3:46
GEORGE W. BROWN 1000 1/2 N. 10TH ST. MINNAPOLIS, MINN.	