

L15000116891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

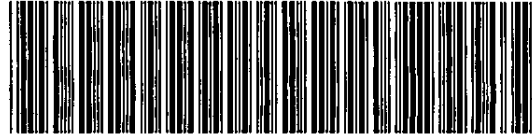
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500279510085

12/03/15--01023--010 **25.00

RECEIVED
TALLAHASSEE, FL
2015 DEC -3 AM 11:29

FILED

77,000 2015
BRUN

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JLN FLOORING, 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:

MICHELLY PASSOS

Name of Person

CAMPANA GROUPS, INC

Firm/Company

1761 W. HILLSBORO BLVD SUITE 324

Address

DEERFIELD BEACH, FL 33442

City/State and Zip Code

MICHEL.LY@CAMPANAGROUPS.COM

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

For further information concerning this matter, please call:

MICHELLY PASSOS

at (954)

228-0706

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

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>
AMBR	JOSEBEL DELANA	22763 STATE ROAD 7	<input type="checkbox"/> Add
		BOCA RATON, FL 33428	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FABIANE RABELO	22763 STATE ROAD 7	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33428	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2015 DEC -3 AM 11:09
RECEIVED
HONOLULU
HAWAII
FBI

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

SECRETARY OF STATE
WASHINGTON, D.C. 20520

E. Effective date, if other than the date of filing: 11/30/2015 (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 NOVEMBER 30TH 2015

~~Signature of a member or authorized representative of a member~~

JOSEBEL DELANA

Typed or printed name of signee