

L16000158053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

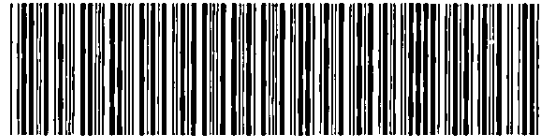
(Business Entity Name)

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CLERK OF DISTRICT COURT
STATE OF NEW YORK

Name Change

APR 17 2024

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JACKSALES HOLDING 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:

CLAUDIA UZGAME

Name of Person

CLAUDIA TE AYUDA INSURANCE LLC

Firm/Company

605 S PINE ISLAND RD 204

Address

FORT LAUDERDALE FL 33324

City/State and Zip Code

Info@achonlineforms.com

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

For further information concerning this matter, please call:

ADRIANA P CHAMORRO

Name of Person

561
at ()

Area Code

2455214

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRET
MAR 29 2024
TALLAHASSEE, FL

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If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

[illegible]

(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)

Filing Fee: \$25.00