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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

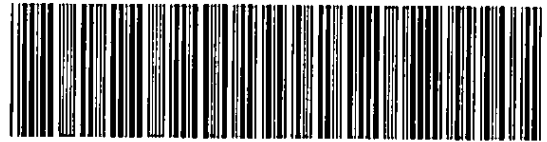
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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: JAS WATER RESTORATION 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:

JULIO MARTINEZ

Name of Person

Firm/Company

8215 SW 72ND AVE UNIT 1507

Address

MIAMI, FL 33143

City/State and Zip Code

24KTRUCKING70@GMAIL.COM

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

For further information concerning this matter, please call:

JULIO MARTINEZ at (786) 538-8033
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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 Address:

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

If Changing Registered Agent, Signature of New Registered Agent

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>
PRESIDENT	MARTINEZ, JULIO	8215 sw 72 ave	<input type="checkbox"/> Add
		1507	<input checked="" type="checkbox"/> Remove
		miami, FL 33143	<input type="checkbox"/> Change
PRESIDENT	MARTINEZ, JULIO	8215 sw 72 ave	<input type="checkbox"/> Add
		1507	<input checked="" type="checkbox"/> Remove
		miami, FL 33143	<input type="checkbox"/> Change
AMBR	HERNANDEZ, IVAN	8713 NW 111TH TER	<input checked="" type="checkbox"/> Add
		WHALEAH GARDENS, FL 33018	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARTINEZ, JULIO	8215 SW 72ND AVE	<input checked="" type="checkbox"/> Add
		UNIT 1507	<input type="checkbox"/> Remove
		MIAMI, FL 33143	<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

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: 10/07/2021 (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 OCTOBER 7TH 2021

Signature of a member or authorized representative of a member

JULIO MARTINEZ

Typed or printed name of signee

Filing Fee: \$25.00