

L16000 232 249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

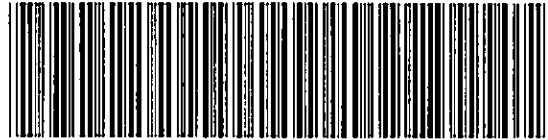
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2019 OCT 22 AM 11:15

FILED

OCT 14 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAR2, 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:

JANE HOFFMAN

Name of Person

JAR2, LLC

Firm/Company

700 N.W. 107TH AVE., 4TH FLOOR

Address

MIAMI, FL 33172

City/State and Zip Code

JHOFFMAN@HOFFMANTAXANDCONSULTING.COM

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

For further information concerning this matter, please call:

JANE HOFFMAN

786

423-6306

at ()

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

JAR2, LLC

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

1. Please update FEI/EIN Number for JAR2, LLC: 61-1811284

2. Please remove the following Authorized Representative :

Mark Sustana

Address

700 N.W. 107th Avenue, 4th Floor
Miami, FL 33172

3. Please add the following Authorized Representative :

Sandie Leyva

Address

700 N.W. 107th Avenue, Suite 400
Miami, FL 33172

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 October 11 , 2019



Signature of a member or authorized representative of a member

Sandie Leyva

Typed or printed name of signee