

L17 000 104851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

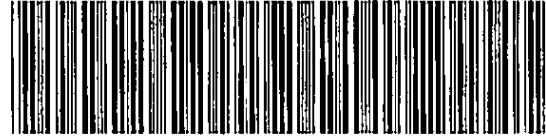
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 NOV 27 PM 1:36
TALLAHASSEE FLORIDA

J. LEGGETT
NOV 28 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 4, 2017

JUAN FONTALVO
7930 W 26 AVE BAY 1
HIALEAH, FL 33016 US

SUBJECT: DAJOSA HIGH END KITCHEN CABINETS LLC
Ref. Number: L17000104851

We have received your document for DAJOSA HIGH END KITCHEN CABINETS LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 254-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 617A00020092

2017 NOV 20 PM 12:27

MAIL ROOM

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Dajosa HE Kitchen Cabinet
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:

JUAN A. FONTALVO
Name of Person

Dajosa HE Kitchen Cabinet
Firm/Company

7930 W. 26th AVE Bay 1
Address

Hialeah, FL 33016
City/State and Zip Code

Juan — fontalvo@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN A. FONTALVO at (756) 277-0105
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

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	Jennifer Yarala	7930 W. 210 Ave	<input checked="" type="checkbox"/> Add
		Bay 7	<input type="checkbox"/> Remove
		Hialeah, FL 33016	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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.)

N/A

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TALLAHASSEE FLORIDA

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 November 19, 2017.

Signature of a member or authorized representative of a member

Juan A. Fontalvo

Typed or printed name of signee