

47000230715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

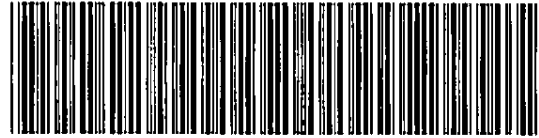
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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18 OCT 15 PM 1:50

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JCHOT SHOTS 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:

JUAN FISCHER

Name of Person

JCHOT SHOTS LLC

Firm/Company

958 SW 147THAV

Address

PEMBROKE PINES FL. 33027

City/State and Zip Code

juan@jchotshots.com

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

For further information concerning this matter, please call:

Juan Fischer

786 312 8923

at ( )

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

## JC HOT SHOTS 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>
MGR	PERCY CARLOS DIERS	7262 SENEPOLE RD	<input checked="" type="checkbox"/> Add
		RANDLEMAN NC,27317	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KAREN LORENA URMNEDIZ	958 SW 147TH AV	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES FL 33027	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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OCT 15 PM 1:50

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signer