

48000007308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500316130085

08/06/18--01013--015 \$60.00

FILED
18 AUG -8 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
AUG 13 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Caisza Business Group, 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:

Cherelle Jones

Name of Person

Caisza Business Group, LLC

Firm/Company

8770 Oxfordshire Ave E

Address

Jacksonville, FL 32219

City/State and Zip Code

caisزابge@gmail.com

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

For further information concerning this matter, please call:

Cherelle Jones

Name of Person

at 904 521-0875

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

Caisza Business Group, 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>
AP	Cherelle Jones	8770 Oxfordshire Ave E	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32218	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Sheryl White	501 Whits End	<input type="checkbox"/> Add
		Hinesville, GA 31313	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Omar White	501 Whits End	<input type="checkbox"/> Add
		Hinesville, GA 31313	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<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

FILED
 18
 406-8
 PM
 30
 JUNE 18 2018
 ALBANY, FLORIDA

18 AUG - 8
SECRETARY OF STATE
INLAND SEEL FLORIDA

FILED
AUG -8 PM 1:30
n8
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Dated 8/1/2018 12:01a

Signature of a member or authorized representative of a member

Cherelle Jones

Typed or printed name of signee