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(Requestor's Name)

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(City/State/Zip/Phone #)

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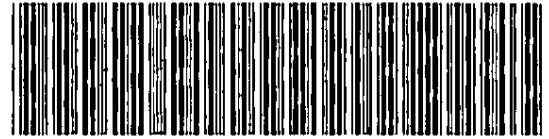
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AJRR 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:

ALICIA S JAIKARAN

Name of Person

AJRR LLC

Firm/Company

11225 FLOCK AVE

Address

WEEKI WACHEE, FL 34613

City/State and Zip Code

jabills1210@gmail.com

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

For further information concerning this matter, please call:

ALICIA S JAIKARAN

352 678-0103
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

AJRR 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	ALICIA S JAIKARAN	11225 Flock Ave Weeki Wachee FL 34613	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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Dated FEBRUARY 28th 2018

Signature of a member or authorized representative of a member

Typed or printed name of signee