

L18000079753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

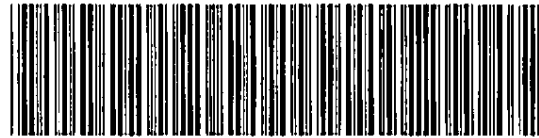
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/30/18--01027--014 **25.00

18 MAY 30 AM 11:49
REGISTERED MAIL

J. J. EGGETT
MAY 31 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Change Titles of Registered Agents

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:

Diana Carvajal

Name of Person

JC Arepas y mas LLC

Firm Company

10154 SW 139 Place

Address

Miami/FL 33186

City State and Zip Code

diana@jcarepas.com

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

For further information concerning this matter, please call:

Diana Carvajal

305 2836354

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

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>
AMBR	CARVAJAL, DIANA	10154 SW 139 Place	<input type="checkbox"/> Add
		Miami, FL 33186	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	CARVAJAL, JHON J	10154 SW 139 Place	<input type="checkbox"/> Add
		Miami, FL 33186	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ECHEVERRI, MARIA I	10154 SW 139 Place	<input type="checkbox"/> Add
		Miami, FL 33186	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<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

18 MAY 30 25 17 49
U.S. AIR FORCE FLOWING A

(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 signee