L18 000 120 427

(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

A RIVERS DEC 15 2022



400394558334

the state of the s

2022 SEP 22 PM I2: 46

COVER LETTER

TO: Registration Section Division of Corporations	
JS DEVELOPMENT LLC SUBJECT:	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following:	
Jason Santoiemma	
Name of Person	
FirmyCompany	
102 Silverteaf Oak Ct	
Address	
Palm Beach Gardens FL 33410	
City/State and Zip Code jsdevelopment30@gmail.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person Name of Person Number	
Enclosed is a check for the following amount:	
■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy to enclosed) Certified Copy (additional copy to enclosed)	us &

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 Type of Action Name. Address **Title** _____ CRemove ______ Change ______D\dd _____ □Remove _____ □Change _____ □Remove _____ □Change _____ □ Add _____ □Remove ______ Change ______ 🗆 🗸 🗖 Add ______ 🗆 Reпюче