

L18000180739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

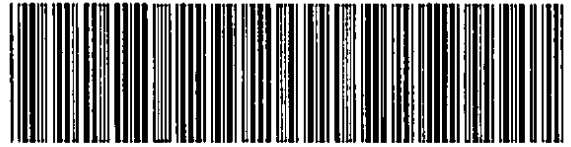
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700378138577

12/20/21--01019--010 ++25.00

**FILED**  
2021 DEC 20 AM 6:56  
SECRETARY OF STATE  
TALLAHASSEE, FL

OFFICE  
JAN 07 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: J UNIQUE DESIGN AND CONSTRUCTION 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:

JAVIER GONZALEZ

\_\_\_\_\_  
Name of Person

J UNIQUE DESIGN AND CONSTRUCTION LLC

\_\_\_\_\_  
Firm/Company

601 S FRANCISCO ST UNIT A

\_\_\_\_\_  
Address

CLEWISTON FL 33440

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

JAVIER GONZALEZ

239 204-8080  
at ( )  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2021 DEC 20 AM 6:56

~~SECRETARY OF STATE~~

(A Florida Limited Liability Company)

**If Changing Registered Agent, Signature of New Registered Agent**

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

FILED

<u>Title</u>	<u>Name</u>	<u>Address</u>	2021 DEC 20 AM 6: 56 <u>Type of Action</u>
MGR	JAVIER GONZALEZ	601 S FRANCISCO ST UNIT A TALLAHASSEE, FL	<input checked="" type="checkbox"/> Add
		CLEWISTON FL 33440	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MYRIAM LARRINUA	601 S FRANCISCO ST UNIT A	<input type="checkbox"/> Add
		CLEWISTON FL 33440	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED

2021 DEC 20 AM 6:57

SECRETARY OF STATE  
TALLAHASSEE, FL

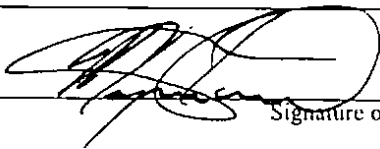
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)

**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.

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.

Dated DECEMBER 15 2021



Signature of a member or authorized representative of a member

MYRIAM LARRINUA

Typed or printed name of signee