

21800095063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

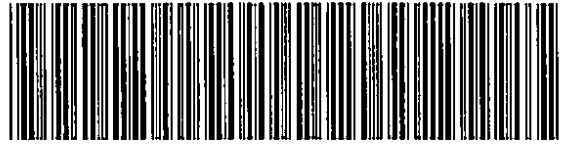
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 AUG 20 AM 8:30

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AUG 25 2018
T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JCN INVESTOR 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:

JOHNSON NINO

Name of Person

ASSETS LEADER LLC

Firm/Company

17180 Royal Palm Blvd

Address

Weston, FL 33326

City/State and Zip Code

jnino@assetsleader.com

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

For further information concerning this matter, please call:

JOHNSON NINO

1 9545050222
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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	CESAR A HURTADO	17301 Bizcayne Blvd	<input type="checkbox"/> Add
		Apt 1603	<input checked="" type="checkbox"/> Remove
		Aventura, FL 33160	<input type="checkbox"/> Change
AMBR	NELLY SIERRA	17301 Bizcayne Blvd	<input type="checkbox"/> Add
		Apt 1603	<input checked="" type="checkbox"/> Remove
		Aventura, FL 33160	<input type="checkbox"/> Change
AMBR	CESAR A HURTADO	17301 Biscayne Blvd	<input checked="" type="checkbox"/> Add
		Apt 1603	<input type="checkbox"/> Remove
		Aventura, FL 33160	<input type="checkbox"/> Change
AMBR	NELLY SIERRA	17301 Biscayne Blvd	<input checked="" type="checkbox"/> Add
		Apt 1603	<input type="checkbox"/> Remove
		Aventura, FL 33160	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 STATE DEPT OF FLORIDA
 TALLAHASSEE, FLORIDA

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

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18 AUG 20 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 August 16, 2018

Signature of a member or authorized representative of a member

JOHNSON NINO

Typed or printed name of signee