

L19 0000 21301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

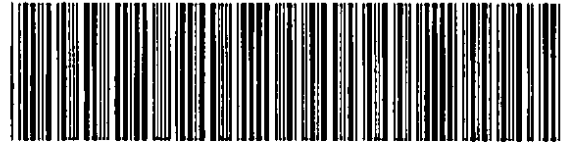
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## COVER LETTER

TO: Registration Section  
Division of Corporations ;

SUBJECT: A & J Direct Lane LLC

Name of Limited Liability Company

4

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Megan Belcourt

Name of Person

Souza's Tax & Accounting Professionals Inc

Firm/Company

6239 Edgewater Drive Suite D-01

Address

Orlando, FL 32810

City/State and Zip Code

incorporating@souzatax.com

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

For further information concerning this matter, please call:

Megan Belcourt

321

895-4099

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 Address:**

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

A & J Direct Lane LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/18/2019 and assigned Florida document number L19000021301.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

624 Cornerstone Dr

(Principal office address MUST BE A STREET ADDRESS)

Kissimmee, FL 34744

Enter new mailing address, if applicable:

624 Cornerstone Dr

(Mailing address MAY BE A POST OFFICE BOX)

Kissimmee, FL 34744

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	Francisco Perez	8511 Wayland Ct	<input type="checkbox"/> Add
		Tampa, FL 33634	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Jonathan Toledo Ramos	2499 Deer Creek Blvd	<input type="checkbox"/> Add
		ST. Cloud, FL 34772	<input checked="" type="checkbox"/> Remove
		624 Cornerstone Dr	<input type="checkbox"/> Change
AMBR	Jonathan Toledo Ramos	Kissimmee, FL 34744	<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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			<input type="checkbox"/> Change

[illegible]**Filing Fee: \$25.00**