

L19000059032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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JUN 4 PM 2:53
19

Amend

JUN 20 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EXPANSION JET, 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:

DAYANA GARCIA

Name of Person

A & S TAX SOLUTIONS INC

Firm/Company

3945 SW 103 AVE APT E224

Address

MIAMI, FL 33165

City/State and Zip Code

dbgarcia93@outlook.com

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

For further information concerning this matter, please call:

DAYANA GARCIA

786

622-8861

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

19 JUN -4 PM 2:53
REGISTRATION SECTION

SECRET
19 JUN -4 PM 2:53
and assigned

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

This amendment is submitted to amend the following:

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

134 RIVIERA CIRCLE
WESTON, FL 33326

134 RIVIERA CIRCLE
WESTON, FL 33326

_____, Florida _____
City Zip Code

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>
MGR	LICON ROMERO, CESAR R.	28038 SUGARSIDE GLEN DR. KATY, TX 77494	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CESAR R. LICON ROMERO	134 RIVIERA CIRCLE WESTON , FL 33326	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

05/29/2019

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 29th MAY 2019

Dear L. Vison Davenport

Signature of a member or authorized representative of a member

CESAR R. LICON ROMERO

Typed or printed name of signee