

L19 000 185547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

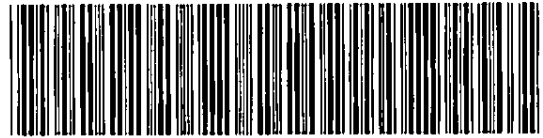
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
JAN 13 PM 5:37
INVEST. DIVISION

JAN 16 2020

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 3, 2020

CARLOS PEREZ
C PEREZ PROESSIONAL SERVICES INC
4343 W WATERS AVENUE
TAMPA, FL 33614

SUBJECT: JP ALL TRANSPORT LLC
Ref. Number: L19000185547

We have received your document for JP ALL TRANSPORT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 020A00000103

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JP ALL TRANSPORT 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:

CARLOS PEREZ

Name of Person

C PEREZ PROFESSIONAL SERVICES INC

Firm/Company

4343 W WATERS AVE

Address

TAMPA, FL 33614

City/State and Zip Code

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

For further information concerning this matter, please call:

CARLOS PEREZ

813

2492300

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

RECEIVED

JAN 13 2011

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

JP ALL TRANSPORT 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 07/18/2019 and assigned
Florida document number L19000185547

This amendment is submitted to amend the following:

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

MILLENIUM RESTYLING LLC

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:

5229 CAREY RD

(Principal office address MUST BE A STREET ADDRESS)

TAMPA FL 33624

Enter new mailing address, if applicable:

5229 CAREY RD

(Mailing address MAY BE A POST OFFICE BOX)

TAMPA FL 33624

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:

JOSE P PEREZ

New Registered Office Address:

5229 CAREY RD

Enter Florida street address

TAMPA

City

Florida 33624

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>
AMBR	JOSE P PEREZ	5229 CAREY RD	<input type="checkbox"/> Add
		TAMPA FL 33624	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input 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

[illegible]

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated DECEMBER 8TH 2020

JOSE P PEREZ

Typed or printed name of signee