

L19000225007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

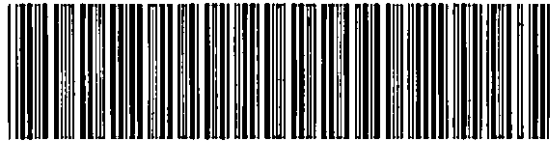
(Business Entity Name)

(Document Number)

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FILED  
2019 OCT -4 PM 4:05  
TALLAHASSEE, FL

OCT 24 2019  
C. Kinse,

## COVER LETTER

**TO: Registration Section  
Division of Corporations  
KC 39 JEWELRY LLC**

**SUBJECT:** \_\_\_\_\_  
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:

Victor Fernandez

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

Fernandez Tax & Accounting

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

2127 W Hiawatha St

\_\_\_\_\_  
Address

Tampa, FL 33604

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

fernandezpractice@gmail.com

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

For further information concerning this matter, please call:

Victor Fernandez

813

764-3486

\_\_\_\_\_  
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

HC 34 Jewel LLC

Page 1 of 3

or removed from our records:

**MGR = Manager**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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This Amendment is being filed to correct the last name of the authorized member with Title: MGR:

First Name: Diego; Last Name (as it currently reads): Munos; Middle Initial: L. Herein, we request

last name of this member to be corrected to read Munoz instead of Munos.

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

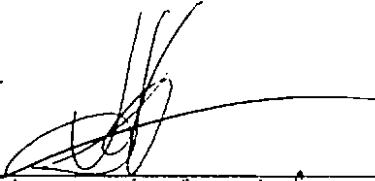
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 \_\_\_\_\_ . \_\_\_\_\_ .

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Victor Fernandez

\_\_\_\_\_  
Typed or printed name of signer