

L19000278800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

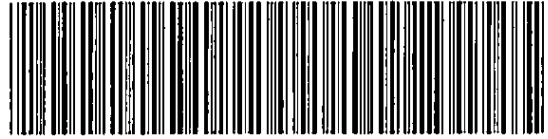
(Business Entity Name)

(Document Number)

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JULIA A. HARRIS, CLERK

Y. SCOTT

JUN - 3 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALJ 55 SERVICES 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:

Abderrazzak M. Janedouby

Name of Person

ALJ 55 SERVICES

Firm/Company

4474 Saint Georges Court

Address

Kissimmee, Florida 34746

City/State and Zip Code

happydaysflorida2020@gmail.com

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

For further information concerning this matter, please call:

Abderrazzak M. Janedouby

407 480-7841

Name of Person

at ()

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

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JUDICIAL CIRCUIT IN AND FOR
THE STATE OF FLORIDA
TALLAHASSEE, FLORIDA

ALJ SS SERVICES LLC.

If Changing Registered Agent, Signature of New Registered Agent

2023 APR 17 PM 3:26

75

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>
_____	_____	_____	<input 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"/> Remove
		_____	<input type="checkbox"/> Change

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CLERK OF SUPERIOR COURT

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

Hello,

i just need to change the name of my company ALJ 55 SERVICES LLC. to HAPPY DAYS FLORIDA.

I don't need my DBA (SOUTHSIDE TOWN CAR) anymore either.

My business stay the same

Thank you very much for your help!!!

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RECEIVED

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 04/06/2023



Signature of a member or authorized representative of a member

Abderrazzak M. Janedouby

Typed or printed name of signee

Filing Fee: \$25.00