

L19 000285102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

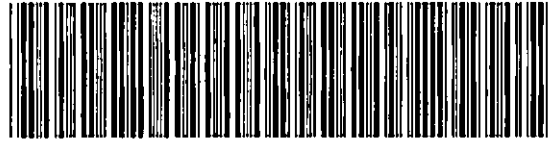
(Business Entity Name)

(Document Number)

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6/17/21  
[Signature]

2021 JUN 15 PM 2:07  
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: J.N.J. Family Trust, 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:

DJ Delgado  
Name of Person

J.N.J. Family Trust, LLC  
Firm/Company

1114 MAYFLOWER DR  
Address

LAKELAND, FL 33810  
City/State and Zip Code

BMDJDELGADO@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DJ Delgado at ( 363 ) 258-8288  
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

J.N.J. Family Trust, LLC

**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	A. Veronica Delgado	1114 MAYFLOWER DR	<input checked="" type="checkbox"/> Add
		LAKE LAND, FL 33810	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Veronica Delgado	1114 MAYFLOWER DR	<input type="checkbox"/> Add
		LAKE LAND, FL 33810	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jorge Delgado	1114 MAYFLOWER DR	<input type="checkbox"/> Add
		LAKE LAND, FL 33810	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jorge Delgado	1114 MAYFLOWER DR	<input checked="" type="checkbox"/> Add
		LAKE LAND, FL 33810	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

NAME CHANGES & AUTHORIZATION CHANGES.

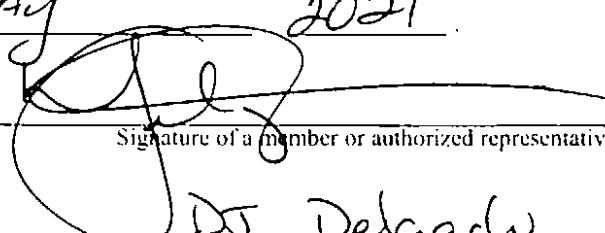
E. Effective date, if other than the date of filing: 6/1/21 (optional)

(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 6 MAY 2021

  
Signature of a member or authorized representative of a member

DS Delgado  
Typed or printed name of signee

FILED  
MAY 10 2021  
12:01 PM