

h20000178096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

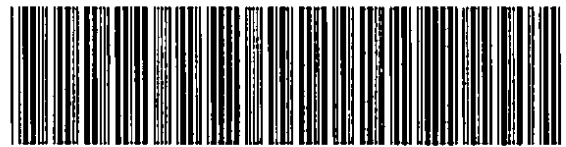
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/06/21--01017--001 **25.00

A. BUTLER

DEC 16 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

EJ FINANCIAL PROFESSIONAL SERVICES, 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:

WHITNEY GITTENS

Name of Person

EJ FINANCIAL PROFESSIONAL SERVICES, LLC

Firm/Company

7643 Gate Parkway SUITE 104 #996

Address

JACKSONVILLE, FL 32256

City/State and Zip Code

INFO@EJFINANCIALPRO.COM

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

For further information concerning this matter, please call:

WHITNEY GITTENS

904 577-1531

Name of Person at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ה'תש"ח

JUNE 25, 2020

...and

...and

...and

7643 Gate Parkway

Suite 104 #990

Jacksonville, FL 32256

7643 Gate Parkway

Suite 104 #996

Jacksonville, FL 32256

...and

[illegible]

_____, Florida

Zip (incl)

...and

...and

...and

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	Whitney Gittens	7643 Gate Parkway Suite 104 #679 Jacksonville, FL 32256	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JAMAINÉ BENJAMIN SR	7643 Gate Parkway Suite 104 #679 Jacksonville, FL 32256	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JAMAINÉ X BENJAMIN JR	7643 Gate Parkway Suite 104 #679 Jacksonville, FL 32256	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[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: (b) The 90th day after the record is filed.

2021

Dated

Signature of a member of authorized representative of

Signature of a member or authorized representative of a member

Whitney Citters

Typed or printed name of signee