

K20 000275063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

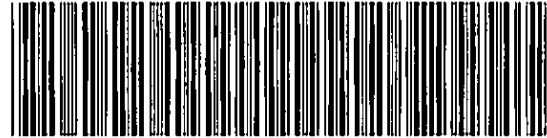
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300365895853

05/14/21--01007--012 **25.00

FILED

2021 MAY 14 PM 4:04

CLERK OF STATE
TALLAHASSEE, FL

US
6/17/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JEAN PRESTANCE 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:

Jean Alcime

Name of Person

JEAN PRESTANCE LLC

Firm/Company

7840 NW 50th Street APT 204

Address

Lauderhill, FL 33351

City/State and Zip Code

Jeanrenaldalcime@gmail.com

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

FILED
2021 MAY 14 PM 4:04
TALLAHASSEE, FL
STATE OF FLORIDA
DIVISION OF CORPORATIONS

FILED

For further information concerning this matter, please call:

Jean Alcime

954

504-3211

at (_____) _____

Name of Person

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

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2021 MAY 11 PM 4:04
SECRET

FILED
2021 MAY 10 PM 4:04
CLERK OF DISTRICT COURT
JULIA A. GIBSON

(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)

Dated 05/11/21.

Signature of a member of authorized representative

Signature of a member or authorized representative of a member

Jean Renald AL Cime
Typed or printed name of signee

Typed or printed name of signee

Filing Fee: \$25.00