L21000024140

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(City/State/Zip/Phone #)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 12, 2023

JOSE G CHAVES BRAJA J&A LLC 16243 E YORKSHIRE DR LOXAHATCHEE, FL 33470 US

SUBJECT: BRAJA J&A.LLC Ref. Number: L21000024140 2023 APR 25 PH 4: 55
SEMILIAN DESTATE

We have received your document for BRAJA J&A.LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We received an application to file a Foreign Limited Liability Company amendment, but we need a Florida Limited Liability Company amendment application to file the requested changes for your organization.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Antoinette A Gonzalez Regulatory Specialist II

Letter Number: 323A00008236



COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor				
subject: <u>B</u> yq	ja J&ALLC			
Gobsect. Dis	Name of Lim	ned Liability Company	 	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
rease return an correspo	mence concerning and maner	to the tone wing.	· 20	
	Jose G (Name of Person)23 APR	720
	Braja J	1		
		Firm/Company		£244
	16243 I	Charles Name of Person JAPR 25 PH 4: 55 Firm/Company Address Address City/State and Zip Code City/State and Zip Code Ses: (to be used for further annual report notification) ase call: at (954) 564-0403 Area Code Daytime Telephone Number		
	Loxahatd	ne FL 33476 City/State and Zip Code	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	E-mail address: (to be used for future annual report noti	Pyn. fication)	
For further information c	oncerning this matter, please ca	all:		
Jose G	Choices	at (<u>954</u>) <u>564-</u>	0403	
Name 0	r rerson	Area Code Dayuna	ic respirate values	
Enclosed is a check for the	he following amount:			
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy	
<u>Mailing Addres</u>	55:	Street Address:		
Registration	Section	Registration Se		
Division of C P.O. Box 632			-	
1.0.000.002	- r		· · · · · · · · · · · · · · · · · · ·	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(7.1.101101	Zamined Zanoming Company
The Articles of Organization for this Limited Liability C Florida document number \(\frac{\(\tau\)2/00024140}{\(\text{L}\)	ompany were filed on 11-09-2021 and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limit	ited liability company here:
The new name must be distinguishable and contain the words "Lim Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR	ited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	ter the new name of the limited liability company here: State Sta
Name of New Registered Agent: New Registered Office Address:	
	Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

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>	Name	Address	Type of Action
MGR	Avely A Chaus	16243 E YorkShine Dr Lox	out KAdd
			□Remove
	•		□Change
<u>AMBR</u>	Jezneel Chaus	16243 Eyarkshire Dr	X !Add
		Loxabatchee FL 33470	□Remove
			□Change
			
			DRemove 25
			Change H 4456
			□Remove
			Change
			CAdd
			DRemove
			□Change
			□Add
			□Remove
			□ Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if nece	exsary.)	
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- 17 7		
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Effective date, if other than the date of filing:	onal) filing.) Pursuant to 6 date will not be li	05.0207 (3 sted as the
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) ord is filed.) The 90th day at	ter the
Dated 4-18-2023	2023 APR	المشكية ا
Signature of a member of any orized representative of a member	>> >> >> >> >> >> >> >> >> >> >> >> >> >	्रसम्बद्धः (सम्बद्धः ()
Jose G. Chaves	S PH	; []
Typed or printed name of signee		

Filing Fee: \$25.00