

L21000198288

VIA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

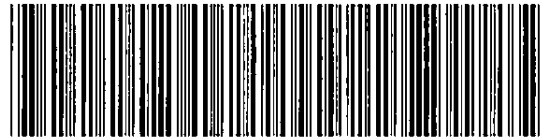
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 SEP 26 PM 4:50
STATE
HALLANDALE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J R Mayo, 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:

Jacqueline Nunez
Name of Person

JR Mayo, LLC
Firm/Company

9436 NW 45th Place
Address

Sunrise FL 33351
City/State and Zip Code

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

For further information concerning this matter, please call:

Jacqueline Nunez at (954) 592-7709
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input 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

J R Mayo, LLC

If Changing Registered Agent, Signature of New Registered Agent

At any time, 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>
MANAGER	Kimberley Nunez	9436 NW 45 th Place	<input checked="" type="checkbox"/> Add
		Sunrise, FL 33351	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MANAGER	Sarah Gooden	8360 NW 37 th Place	<input checked="" type="checkbox"/> Add
		Sunrise, FL 33351	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

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.

Dated September 26, 2024

Suzanne Ruiz
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

JACQUELINE NUNER

Typed or printed name of signee

Filing Fee: \$25.00