

121000288106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

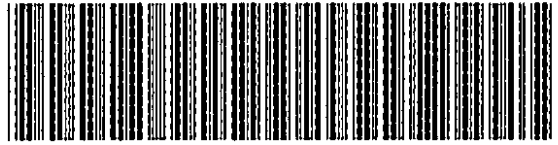
(Business Entity Name)

(Document Number)

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10/20/21--01008--012 \*\*25.00

A. RIVERS  
OCT 31 2021

2021 OCT 10

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CJ's Empanadas 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:

Juan Rosado  
Name of Person

CJ's Empanadas LLC  
Firm/Company

8670 Addison Place Circle  
Address

Naples Florida 34119  
City/State and Zip Code

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

For further information concerning this matter, please call:

Juan Rosado at (516) 782 9093  
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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

CJ's Empanadas LLC

**If Changing Registered Agent, Signature of New Reg**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address  
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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Char
			<input type="checkbox"/> Add
			<input type="checkbox"/> F
			<input type="checkbox"/>

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

*(This area is intentionally left blank for amendments. A diagonal line is drawn across the space.)*

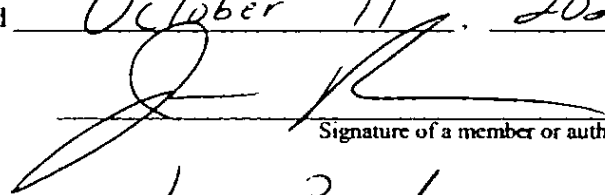
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(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 605.1*

**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 October 11, 2021.



Signature of a member or authorized representative of a member

Juan Rosado



Christina Ros

Typed or printed name of signee