

# L21000291957

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

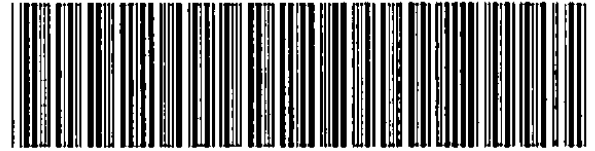
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2022 NOV 22 PM 1:11  
STATE  
TALLAHASSEE, FL

g 2/4/2023

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** J & J TITLE SERVICES, 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:

JUANITA M. ARTIS

\_\_\_\_\_  
Name of Person

J & J TITLE SERVICES, LLC

\_\_\_\_\_  
Firm/Company

1820 NE 163rd Street, STE 300

\_\_\_\_\_  
Address

North Miami Beach, FL 33162

\_\_\_\_\_  
City/State and Zip Code

info@jandjtitle.com

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

For further information concerning this matter, please call:

Juanita M. Artis

786 342-5620  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$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

2022 NOV 22

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

TALL: 1.55

**This amendment is submitted to amend the following:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**(Mailing address MAY BE A POST OFFICE BOX)**

Zip Code

**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 or removed from our records:

MGR = Manager  
AMBR = Authorized Member

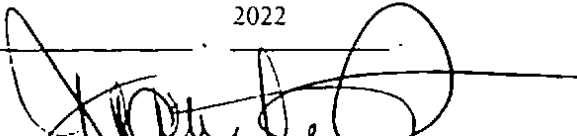
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Acti</u>
MGR	Morris Smith	1820 NE 163rd Street, STE 300	<input type="checkbox"/> Add
		North Miami Beach, FL 33162	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(If 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)(t)

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.

2022



Signature of a member or authorized representative of

IS

Typed or printed name of signer

Typed or printed name of signee