

121 0000 349 167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

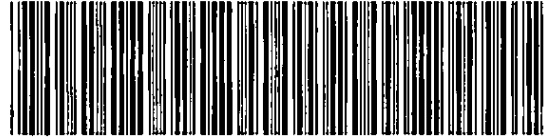
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 OCT -7 AM 10:06
STATE OF TEXAS
TALLAHASSEE, FLORIDA

10/15/21

T.A.S.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D & J ENTERPRISE AND CONSULTANTS, 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:

Deja Monteagudo

Name of Person

D & J ENTERPRISE AND CONSULTANTS, LLC

Firm/Company

2851 W PROSPECT ROAD Unit 1202

Address

TAMARAC, FL 33309

City/State and Zip Code

dejamonteagudo@gmail.com

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

For further information concerning this matter, please call:

Deja Monteagudo

954

629-8700

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

D & J ENTERPRISE AND CONSULTANTS, LLC

The Articles of Organization for this Limited Liability Company were filed on 08/03/2021 and assigned Florida document number L21000349167.

A. If amending name, enter the new name of the limited liability company here:

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida
City

Zip Code

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 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>
AMBR	Deja Monteagudo	2851 W Prospect Road Unit 1202 Tamarac, FL 33	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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2028 OCT 7 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 OCT - 7 AM MO: 06
SLOT AM: 1 PM
TALLAHASSEE - FLORIDA

2021 OCT - / AM:10:06
DATE TIME = 10:06

(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 September 9th 2021

Deja Monteagudo

Typed or printed name of signee