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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JELM Painting & Remodeling 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:

Eric Luna

Name of Person

Luna Painting & Remodeling LLC

Firm/Company

3707 Powers ridge ct.

Address

Orlando, FL 32808

City/State and Zip Code

lunapaintingandremodel@gmail.com

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

For further information concerning this matter, please call:

Eric Luna

407

800-9229

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

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TALLAHASSEE FL

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

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>
MGR	Joel Medellin	6829 Woodgrain Ct	<input type="checkbox"/> Add
		Ocoee, FL	<input checked="" type="checkbox"/> Remove
		34761	<input type="checkbox"/> Change
AMBR	Eric Luna	3707 Powers Ridge Ct	<input type="checkbox"/> Add
		Orlando, FL	<input type="checkbox"/> Remove
		32808	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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 _____, _____

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00