

122000144410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

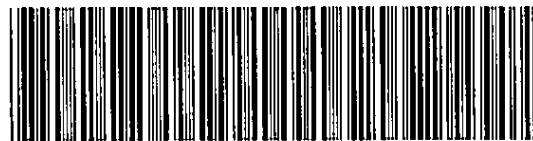
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2022 JUL 20 14:02

FILED

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: J&D EZ REAL ESTATES INVESTMENT 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:

COULEUR WISLET ORIENVIL

Name of Person

J&D EZ REAL ESTATE INVESTMENT LLC

Firm/Company

5555 W COLONIAL DR 301

Address

ORLANDO FL, 32808

City/State and Zip Code

JMERISTIN@YAHOO.COM

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

For further information concerning this matter, please call:

COULEUR WISLET ORIENVIL 205 3625204
Name of Person at (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 &
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

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	COULEUR WISLET ORIENVIL	672 EGRET PLACE DR	<input checked="" type="checkbox"/> Add
		WINTER GARDEN FL	<input type="checkbox"/> Remove
		34787	<input type="checkbox"/> Change
AMBR	JOSAPHAT DUKENS	5555 W COLONIAL DR 301	<input type="checkbox"/> Add
		ORLANDO FL	<input checked="" type="checkbox"/> Remove
		32808	<input type="checkbox"/> Change
AMBR	JAMES MERISTIN	672 EGRET PLACE DR	<input type="checkbox"/> Add
		WINTER GARDEN FL	<input type="checkbox"/> Remove
		34787	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

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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 605.0207 (3)(b)

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 07/15 2022

 Sig

Signature of a member or authorized representative of a member

Content Wisef olivvill

Typed or printed name of signee