

622000272231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

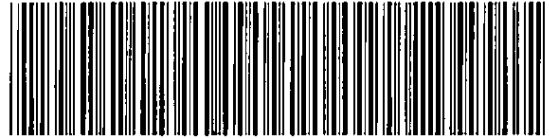
(Business Entity Name)

(Document Number)

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10/13/23--01018--015 \*\*60.00

2023 OCT 13 PM 7:56

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JHONJA ELECTRIC 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:

JHON JAIRO AZCARATE

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

JHONJA ELECTRIC LLC

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

2828 NE 4th Pl

\_\_\_\_\_  
Address

Cape Coral FL 33909

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

Jhonjaelectric@gmail.com

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

For further information concerning this matter, please call:

Jhon J Azcarate

773  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code

742 3989 SPANISH Speaker Only  
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

2023 OCT 13 AM 7:56

(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>                      |
|--------------|---------------------|---------------------|--|
| AR           | JHON JAIRO AZCARATE | 2828 NE 4th Place   | <input type="checkbox"/> Add               |
|              |                     | Cape Coral FL 33909 | <input checked="" type="checkbox"/> Remove |
|              |                     | REMOVING - Title AR | <input type="checkbox"/> Change            |
| MGR          | JHON JAIRO AZCARATE | 2828 NE 4th Pl      | <input checked="" type="checkbox"/> Add    |
|              |                     | Cape Coral FL 33909 | <input type="checkbox"/> Remove            |
|              |                     | ADDING AS MGR       | <input type="checkbox"/> Change            |
|              |                     |                     | <input type="checkbox"/> Add               |
|              |                     |                     | <input type="checkbox"/> Remove            |
|              |                     |                     | <input type="checkbox"/> Change            |
|              |                     |                     | <input type="checkbox"/> Add               |
|              |                     |                     | <input type="checkbox"/> Remove            |
|              |                     |                     | <input type="checkbox"/> Change            |
|              |                     |                     | <input type="checkbox"/> Add               |
|              |                     |                     | <input type="checkbox"/> Remove            |
|              |                     |                     | <input type="checkbox"/> Change            |
|              |                     |                     | <input type="checkbox"/> Add               |
|              |                     |                     | <input type="checkbox"/> Remove            |
|              |                     |                     | <input type="checkbox"/> Change            |

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

JUST NEED TO CHANGE THE TITTLE AR TO MGR

E. Effective date, if other than the date of filing: 10/1/2023 (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 10/4/2023, 10/4/23

Jhon J Azcarate

Signature of a member or authorized representative of a member

JHON JAIRO AZCARATE

Typed or printed name of signee

Filing Fee: \$25.00