

L22000277823

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(Business Entity Name)

(Document Number)

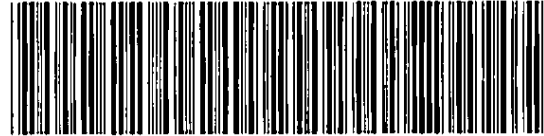
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**DATE: 07/08/22**

**NAME: JAS WINDOW SERVICE OF SWFL LLC**

**TYPE OF FILING: AMENDMENT**

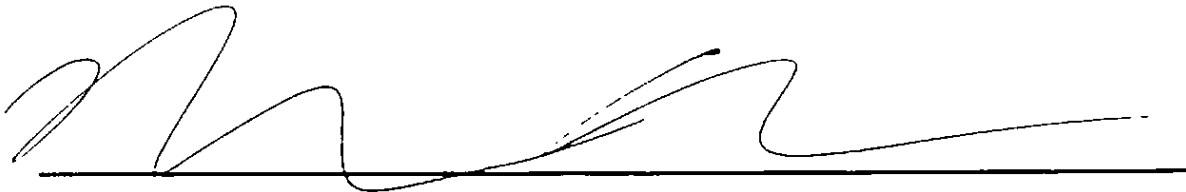
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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** JAS Window Service of SWFL 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:

Olga Ramos

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

Freedom Tax Service of southwest Florida Corp

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

12355 Collier Blvd

\_\_\_\_\_  
Address

Naples Florida

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

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

For further information concerning this matter, please call:

Olga Ramos

239  
at ( )

455-6011

\_\_\_\_\_  
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

FILED  
JUL -8 PM 5:0  
SECRETARY OF STATE  
TALLAHASSEE, FL  
records

(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 Alvarez Sanchez	336 Mangonia Ave	<input type="checkbox"/> Add
		Leigh Acres, Fl 33974	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Angel M Ramos	55 Everglades Ave N	<input checked="" type="checkbox"/> Add
		Naples, Florida 34120	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMGR	Olga Ramos	55 Everglades Ave N	<input checked="" type="checkbox"/> Add
		Naples, Florida 34120	<input type="checkbox"/> Remove
			<input 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
			<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.)**

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: 07/05/2022 (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 07/05/

2022

Signature of a member or authorized representative of a member

Authorized Representative

Typed or printed name of signee

**Filing Fee: \$25.00**