

122 000352209

(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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623

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[Signature]



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08/19/22--01016--012 **25.00

22 NOV 28 PM 3:42
DIVISION OF CORPORATION



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2022 NOV 28 PM 1:54
FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2022

RAMON ALMANZAR
6229 BEEDLA ST
NORTH PORT, FL 34291

SUBJECT: R. J. A. REALTY AND PROPERTY MANAGEMENT LLC
Ref. Number: L22000352209

We have received your document for R. J. A. REALTY AND PROPERTY MANAGEMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall
OPS Clerk

Letter Number: 622A00024928

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Division of Corporations

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: R. J. A. Realty And Property management 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:

Ramon Almanzar
Name of Person

Firm/Company

6229 Beedlu St.
Address

North Port FL 34291
City/State and Zip Code

Ralmanzar@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ramon Almanzar at (941) 234-6682
Name of Person 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

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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>
Manager	Jose Almanzar	130 29th St SW Naples FL 34117	<input checked="" 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
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			<input type="checkbox"/> Change

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-GENERAL INVESTIGATION-

(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)

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 11/25/2022 .

Signature of a member

Signature of a member or authorized representative of a member

Ramon Almanzar

Typed or printed name of signee

Filing Fee: \$25.00