

29/8/22, 18:27

Division of Corporations

Florida Department of State

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Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : DAVID NOHRA ZAKIA
Account Number : I20220000125
Phone : (239)494-0057
Fax Number : (239)913-6599

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Tuoficinaenusa@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

JAMES BARK CA LLC

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Help

AUG 30 2022

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAMES BARK CA 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:

DAVID NOHRA ZAKIA

Name of Person

Firm/Company

28719 ALESSANDRIA CIRCLE

Address

BONITA SPRINGS, FLORIDA, ZIP CODE 34135

City/State and Zip Code

tuoficinaenusa@gmail.com

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

For further information concerning this matter, please call:

DAVID NOHRA ZAKIA

Name of Person

239 4940057
at ()

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

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	DAVID NOHRA ZAKIA	28719 ALESSANDRIA CIRCLE	<input type="checkbox"/> Add
		BONITA SPRINGS, FL, ZIP CODE 34135	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JUAN INFANTE NATERA	3181 NORTH VILLAGE CT, SUITE 200	<input checked="" type="checkbox"/> Add
		BONITA SPRINGS, FL, ZIP CODE 34135	<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

1. What is the main purpose of the document?
 2. What are the key findings of the study?
 3. What are the limitations of the study?
 4. What are the implications of the study?
 5. What are the conclusions of the study?
 6. What are the recommendations of the study?
 7. What are the future research directions?
 8. What are the acknowledgments?
 9. What are the references?
 10. What are the appendices?
 11. What are the footnotes?
 12. What are the endnotes?
 13. What are the glossary?
 14. What are the index?
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F. Effective date, if other than the date of filing: 08/29/2022 (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 AUGUST 29

2022

Signature of a member or authorized representative of a member

DAVID NOHRA ZAKIA

Typed or printed name of signee

Filing Fee: \$25.00