

122000380704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

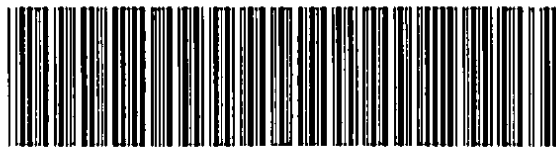
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MJ ELITE DISTRIBUTION IMPORT AND EXPORT LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JEAN HECTOR

Name of Person

MJ ELITE DISTRIBUTION IMPORT AND EXPORT LLC

Firm/Company

1488 LELTRIM LOOP

Address

APOPKA, FL 32703

City/State and Zip Code

JEANFHECTOR@GMAIL.COM

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

For further information concerning this matter, please call:

JEAN F HECTOR

321 945-4610  
at ( )

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

**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>
DIR	JEAN F HECTOR	1488 LEITRIM LOOP	<input type="checkbox"/> Add
		APOPKA FL 32703	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
DIR	MIGUEL TAVERES-SANCHEZ	1488 LEITRIM LOOP	<input type="checkbox"/> Add
		APOPKA FL 32703	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

PLEASE ADD EIN NUMBER 88-4055533

PLEASE CHANGE BOARD MEMBERS NAME TO ABOVE NAMES.

Title DIR. Hector, Jean F.

Title DIR. Sanchez Tavares, Miguel

Thank you!

E. Effective date, if other than the date of filing: 11/7/2022 (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)

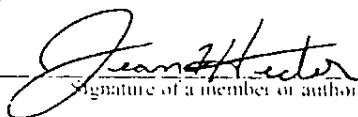
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

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

11/7/2022

✓



Signature of a member or authorized representative of a member

MGR

DIR.

Jean F. Hector

Typed or printed name of signer