

L22 000 401 945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

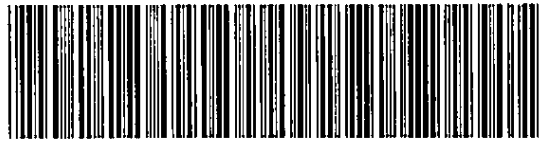
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/03/22--01025--001 \*\*25.00

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** A4 Jireh Properties, 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:

Mitchell Craig

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

JM Trippon & Co CPA's

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

8588 Katy Fwy Suite 320

\_\_\_\_\_  
Address

Houston, TX 77024

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

mcraig@trippon.com

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

For further information concerning this matter, please call:

Mitchell Craig

713 661-1040  
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

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DIVISION OF CORPORATIONS

**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>
MBR	Anita Alvarado	22415 N Lake Village Dr.	<input type="checkbox"/> Add
		Katy, TX 77450	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Ana Alvarado	22415 N Lake Village Dr.	<input checked="" type="checkbox"/> Add
		Katy, TX 77450	<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"/> Remove
			<input type="checkbox"/> Change

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 OFFICE OF THE  
 SECRETARY OF STATE

[illegible]

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Effective date, if other than the date of filing: \_\_\_\_\_ (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.

Dated Sept. 27<sup>th</sup> 2022

Signature of a member or authorized representative of a member

Ana Alvarado  
Typed or printed name of signee

**Filing Fee: \$25.00**