

L22000526911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

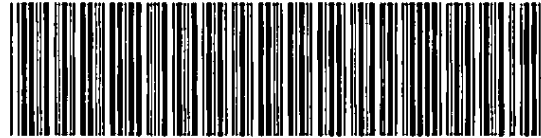
(Business Entity Name)

(Document Number)

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

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2023 JAN -3 PM 3:59  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

28

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: C.J. CO REALTOR 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:

CARLA JEAN CO

Name of Person

C.J. CO REALTOR LLC

Firm/Company

539 ARCH RIDGE LOOP,

Address

SEFFNER, FL, 33584

City/State and Zip Code

CEEJVIDALLO@YAHOO.COM

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

For further information concerning this matter, please call:

JESSE CO

at ( 813 ) 7082223

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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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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>
MGR	CARLA JEAN CO	539 ARCH RIDGE LOOP	<input checked="" type="checkbox"/> Add
		SEFFNER, FL, 33584	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JESSE CO	539 ARCH RIDGE LOOP	<input type="checkbox"/> Add
		SEFFNER, FL, 33584	<input type="checkbox"/> Remove
			<input checked="" 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.)

2023-11-11 - 3 PM 3:59  
Jesse Co  
FALLASSISTE.F.F. 0-10A

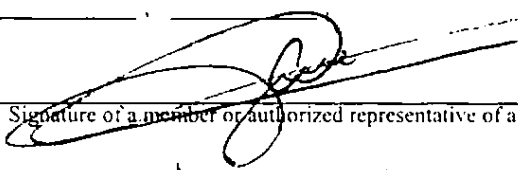
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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.

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 DECEMBER 28 2022

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
  
JESSE CO  
\_\_\_\_\_  
Jesse Co  
Typed or printed name of signee

Filing Fee: \$25.00