

L23000121099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

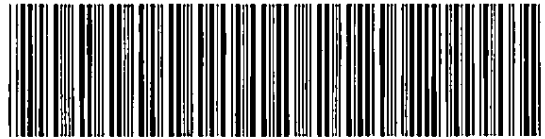
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED

March 22, 2023

REGISTRATION SECTION
DIVISION OF CORPORATIONS
P.O. Box 6327
TALLAHASSEE, FL 32314

By this means I am submitting the form for Amend of J & T'S Legacy, LLC.

JOSEPH C CAMPOVERDE

Registered Agent
4012 Loury Dr., Wesley Chapel, FL 33534
(813) 370-5470

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STATE
OF FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: J & TS LEGACY, 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:

JOSEPH C CAMPOVERDE

Name of Person

J & TS LEGACY, LLC

Firm/Company

4012 LOURY DR

Address

WESLEY CHAPEL, FL 33543

City/State and Zip Code

josephcampo5310@gmail.com

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

For further information concerning this matter, please call:

JOSEPH C CAMPOVERDE

813 370-5470
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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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>
AMBR	JOSEPH C CAMPOVERDE	4012 LOURY DR	<input type="checkbox"/> Add
		WESLEY CHAPEL, FL 33543	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	TOMASA CAMPOVERDE	4012 LOURY DR	<input type="checkbox"/> Add
		WESLEY CHAPEL, FL 33543	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOSE G CAMPOVERDE JR	4012 LOURY DR	<input type="checkbox"/> Add
		WESLEY CHAPEL, FL 33543	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOSE G CAMPOVERDE SR	4012 LOURY DR	<input type="checkbox"/> Add
		WESLEY CHAPEL, FL 33543	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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STATE OF FLORIDA
TALLAHASSEE, FL

[illegible]

(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)

Dated March 22, 2023

Typed or printed name of signee

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