

# L23000 S39 606

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

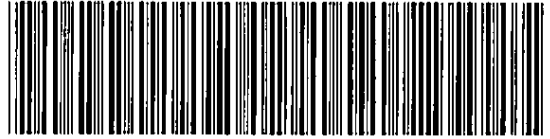
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600429321646

05/13/24--01005--003 •\$20.00

FILED

2024 JUN 13 PM 2:56

SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JONTOW BUILDING 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:

Name of Person  
SPANNER CONSULTING LLC  
Firm/Company  
1076 W SAMPLE ROAD  
Address  
POMPANO BEACH, FLORIDA - 33064  
City/State and Zip Code  
FLORIDA@FSPANNER.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FERNANDA SPANNER  
Name of Person  
754 457-6647  
at ( )  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                             |                                                                                   |                                                                                                  |                                                                                                                            |
|---------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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 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

FILED  
2024 JUN 13 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FL

## JONTOW BUILDING LLC

The Articles of Organization for this Limited Liability Company were filed on 12/05/2023 and assigned Florida document number L23000539606.

JONTOW INVESTMENTS LLC

**(Principal office address MUST BE A STREET ADDRESS)**

***(Mailing address MAY BE A POST OFFICE BOX)***

Name of New Registered Agent:

**New Registered Office Address:**

Enter Florida street address

**, Florida**

Civ

Zip Code

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

**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          | SAMUEL JONTOW BARROSO | 1516 SW 28TH TERRACE        | <input type="checkbox"/> Add               |
|              |                       | CAPE CORAL, FLORIDA - 33914 | <input checked="" type="checkbox"/> Remove |
|              |                       |                             | <input type="checkbox"/> Change            |
|              |                       |                             | <input type="checkbox"/> Add               |
|              |                       |                             | <input type="checkbox"/> Remove            |
|              |                       |                             | <input type="checkbox"/> Change            |
|              |                       |                             | <input type="checkbox"/> Add               |
|              |                       |                             | <input type="checkbox"/> Remove            |
|              |                       |                             | <input type="checkbox"/> Change            |
|              |                       |                             | <input type="checkbox"/> Add               |
|              |                       |                             | <input type="checkbox"/> Remove            |
|              |                       |                             | <input type="checkbox"/> Change            |
|              |                       |                             | <input type="checkbox"/> Add               |
|              |                       |                             | <input type="checkbox"/> Remove            |
|              |                       |                             | <input type="checkbox"/> Change            |
|              |                       |                             | <input type="checkbox"/> Add               |
|              |                       |                             | <input type="checkbox"/> Remove            |
|              |                       |                             | <input type="checkbox"/> Change            |
|              |                       |                             | <input type="checkbox"/> Add               |
|              |                       |                             | <input type="checkbox"/> Remove            |
|              |                       |                             | <input type="checkbox"/> Change            |

2024 JUN 13 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FL

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

2024 JUN 13 PM 2:  
SECRETARY OF S  
TALLAHASSEE.

FILED  
2024 JUN 13 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FL

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 5-13-70 74

Grainelle C. Reeder  
Signature of a member or authorized representative of a member

GRAZIELLE C REEDER