

L24000 202793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

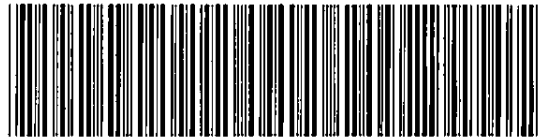
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JS Lininarts 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:

Joey Soriano  
Name of Person

JS Lininarts LLC  
Firm/Company

605 Casa Park Court O  
Address

Winter Springs FL 32708  
City/State and Zip Code

when themoney goes 1115 @gmail.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

Joey Soriano at ( ) 689 293 1177  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" 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 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

JS Kinarts LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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>                      |
|--------------|--------------|-------------------------|--|
| AMBA         | Jory Soriano | 605 casa park court D   | <input type="checkbox"/> Add               |
|              |              | winter springs fl 32708 | <input type="checkbox"/> Remove            |
|              |              |                         | <input checked="" type="checkbox"/> Change |
|              |              |                         | <input type="checkbox"/> Add               |
|              |              |                         | <input type="checkbox"/> Remove            |
|              |              |                         | <input type="checkbox"/> Change            |
|              |              |                         | <input type="checkbox"/> Add               |
|              |              |                         | <input type="checkbox"/> Remove            |
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(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)

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 wednesday May 4 . 2024

Signature of a member or authorized representative of a member

Joey Soriano  
Typed or printed name of signee

**Filing Fee: \$25.00**