

L24 000 208 245



(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

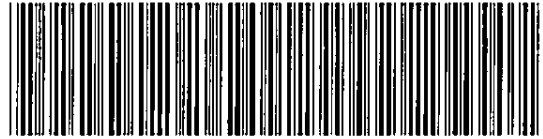
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 JUN 15 PM 3:33

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Jewel Bites 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:

Yuliana Bejarano
Name of Person

Jewel Bites LLC
Firm/Company

1920 Pennsylvania Ave Apt 310
Address

Miami Beach FL 33139
City/State and Zip Code

mleon0014@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ramon A. Leon
Name of Person

at (786)
Area Code

718 5150
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

Jewel Bites LLC

Page 1 of 3

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	Mario A. León	20185 E Country Club Dr. Apt 902 Apt 909 Miami FL 33180	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		50% Ownership	<input type="checkbox"/> Change
AMBR	Yuliana Rojas	1420 Pennsylvania Ave Apt 310 Miami Beach FL 33139	<input type="checkbox"/> Add <input type="checkbox"/> Remove
		50% Ownership	<input checked="" 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

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

Mario A Leon → 50% ownership

Yuliana Bejarano → 50% ownership.

E. Effective date, if other than the date of filing: July 10, 2024 (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)

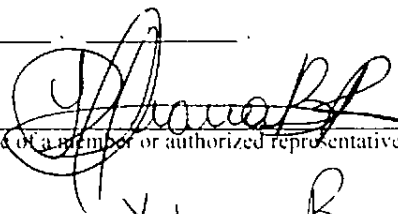
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

July 09, 2024

Signature of a member or authorized representative of a member



Typed or printed name of signer

Yuliana Bejarano