

L24000239113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

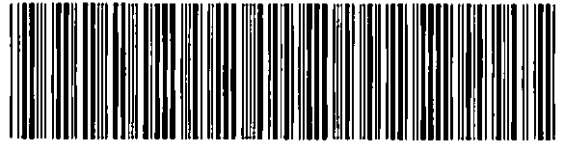
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700431391317

06/13/24--01029--009 \*\*30.00

RECEIVED  
JUN 13 AM 6:58  
CLERK OF STATE  
TALLAHASSEE, FL

R. HUNT

06/13/24

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: J Kaces 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:

Jorge Pedemonte

Name of Person

J Kaces LLC

Firm/Company

2106 E North Bay St.

Address

Tampa Florida 33610

City/State and Zip Code

jkaces2023@gmail.com

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

For further information concerning this matter, please call:

JORGE PEDEMONTTE

Name of Person

at

(703)

Area Code

955-1333

Daytime Telephone Number

SECRETARY OF STATE  
TALLAHASSEE, FL

2024 JUL 13 AM 6:58

FILED

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

**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	Jennyfer Montano Quispe	2106 E North Bay St.	<input type="checkbox"/> Add
		Tampa, Florida 33610	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Jorge Pedemonte	2106 E North Bay St.	<input type="checkbox"/> Add
		Tampa, Florida 33610	<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
			<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

CLAY COUNTY  
TALLAHASSEE, FL

REC-13  
JUN 13 2013  
AM 6:58

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

2024 JUN 13 AM 6:58  
CLERK OF THE STATE  
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: May 20, 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**

Signature of a member or authorized representative of a member

JORGE PEDEMONTA

Typed or printed name of signee

**Filing Fee: \$25.00**