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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

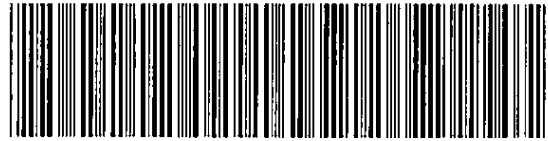
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JAPLOC 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:

CAROL FAITH SMITH
Name of Person
SMILOWE BUSINESS SERVICES, LLC
Firm/Company
458 FRANKFORD AVE NW
Address
PALM BAY, FLORIDA 32907
City/State and Zip Code
CAROL.SMITH@SMILOWEBIZ.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SOPHIA A. STRELING-STREETE 321 872-5430
Name of Person at () 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

JAPLOC LLC

If Changing Registered Agent, Signature of New Registered Agent

If amehding 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	SOPHIA A. STERLING-STREETE	1390 FOUNDATION PARK BLVD	<input type="checkbox"/> Add
		PALM BAY, FLORIDA 32909	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

THIS AMENDMENT IS BEING PREPARED SOLELY FOR THE PURPOSE OF CORRECTING THE LEGAL
NAME OF ONE OF THE MANAGING MEMBER. AS WELL TO ADD THE EIN NUMBER FOR THE
LLC WHICH IS 99-3474551.

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

July 8, 2024



Signature of a member or authorized representative of a member

SOPHIA A. STERLING-STREETE, MANAGING MEMBER

Typed or printed name of signer