

L24000297721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

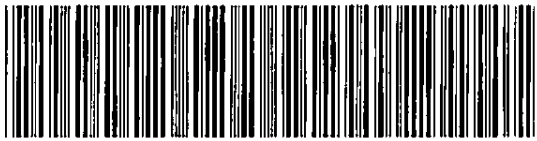
(Business Entity Name)

(Document Number)

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SEAL OF THE STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JC DIESEL 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:

CHAVEZ GARCIA JOSE MANUEL
Name of Person
JC DIESEL LLC
Firm/Company
10622 CYPRESSWOOD DR
Address
JACKSONVILLE FL 32257
City/State and Zip Code
1989JOSECHAVEZ@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHAVEZ GARCIA JOSE MANUEL 904 2715800
Name of Person at () Daytime Telephone Number
Area Code

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

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TALLAHASSEE, FL
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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

Title	Name	Address	Type of Action
MGR	CHAVEZ GARCIA JOSE MANU PL	10622 CYPRESSWOOD DR W	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32257	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 TALLAHASSEE, FL
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Lined area for amending information.

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 AUGUST 2024

Signature of a member or authorized representative of a member
CHAVEZ GARCIA JOSE MANUEL

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FL

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