

L24 000 520 674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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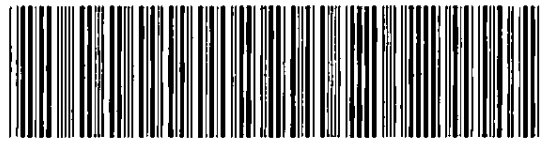
(Business Entity Name)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JUMASA INVESTMENTS 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:

JESSICA TORRES

\_\_\_\_\_  
Name of Person

TAX CARE CELEBRATION

\_\_\_\_\_  
Firm/Company

1400 NW 107TH AVE STE. 203

\_\_\_\_\_  
Address

SWEETWATER, FLORIDA 33172

\_\_\_\_\_  
City State and Zip Code

JESSICA.TORRES@TAXCAREINC.COM

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

For further information concerning this matter, please call:

JESSICA TORRES

786

878-0957

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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

2<sup>nd</sup> request.

### **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>
AMBR	JUAN A. MENDOZA	5710 SW 86TH ST	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33143	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARCO A. MENDOZA	5710 SW 86TH ST	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33143	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SANTIAGO A. MENDOZA	5710 SW 86TH ST	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33143	<input type="checkbox"/> Remove
			<input 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"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: 01/01/2025 (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 FEBRUARY 3 2025

Juan Miguel Mendoza  
Signature of a member or authorized representative of a member

JUAN MIGUEL MENDOZA

Typed or printed name of signee