

MD500000 1799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

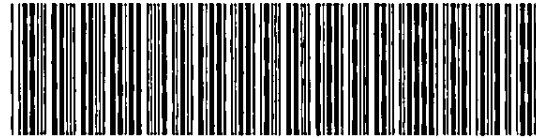
(Document Number)

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FILED  
2019 MAR -4 PM 4:00  
TALLAHASSEE, FL

C. GOLDEN

MAR - 6 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KRYSTAL KLEAR MORTGAGE GROUP LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUWAN R CHAPMAN  
Name of Person

KRYSTAL KLEAR MORTGAGE GROUP  
Firm/Company

1501 SW 26TH ST #204  
Address

MIRAMAR FL 33025  
City/State and Zip Code

KRYSTAL KLEAR FUNDING @ GMAIL COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUWAN CHAPMAN at (305) 984-0853  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 8, 2019

JUWAN R. CHAPMAN  
11501 SW 26TH STREET #204  
MIRAMAR, FL 33025

SUBJECT: KRYSTAL KLEAR MORTGAGE GROUP, LLC  
Ref. Number: M05000001799

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The entity's date of incorporation/organization must be listed in the document.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 919A00002794

2019 MAR -4 PM 4:06  
DIVISION OF STATE  
TALLAHASSEE, FL

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: KRISTAL KLSAR MORTGAGE GROUP LLC

Enter new principal office address, if applicable:

11501 SW 26TH ST #204

(Principal office address

MUST BE A STREET ADDRESS)

MIRAMAR FL 33025

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: MO5000001799

3. Jurisdiction of its organization: OHIO

4. Date authorized to do business in Florida: 04-06-2005

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: JALEN D. CHAPMAN

New Registered Office Address: 11501 SW 26TH ST #204

Enter Florida Street Address

MIRAMAR  
City

Florida

33025  
Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Jalen Chapman

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>JUAN R CHAPMAN</u>	<u>11501 SW 26TH ST #204</u> <u>MIRAMAR FL 33025</u>	<input checked="" type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Juan R Chapman  
Signature of the authorized representative

JUAN R CHAPMAN  
Typed or printed name of signee

Filing Fee: \$25.00