

MIS 000001326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

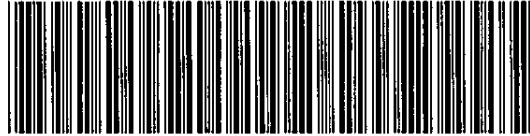
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

In: Quilgan SEP - 8 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JAN WATCHES 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:

ILEANA NOA

Name of Person

CONCORDE LAND TITLE SERVICES, INC.

Firm/Company

134 S. DIXIE HIGHWAY, SUITE #110

Address

HALLANDALE BEACH, FL 33009

City/State and Zip Code

INOA@CONCORDELTS.COM

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

For further information concerning this matter, please call:

ILEANA NOA

305 356-8403

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FLORIDA DEPARTMENT OF STATE
Division of Corporations



August 27, 2015

ILEANA NOA
CONCORDE LAND TITLE SERVICE, INC.
134 S. DIXIE HIGHWAY, SUITE 201
HALLANDALE BEACH, FL 33009

SUBJECT: JAN WATCHES LLC
Ref. Number: M15000001326

We have received your document totaling \$25.00. However, the document has not been filed and is being returned for the following corrections:
We are enclosing the proper form.
Please return your document, also your filing will be considered abandoned if you have any questions concerning the filing of your document, please call
Letter Number: 515A00018124

www.sunbiz.org

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

RECEIVED
15 SEP -8 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature and date: 9/2/15

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Tallahassee, FL 32314

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2661 Executive Center Circle
Tallahassee, FL 32301

**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: Jan Watches LLC

Enter new principal office address, if applicable: 484 Ocean Blvd.

(Principal office address
MUST BE A STREET ADDRESS) Golden Beach, FL 33160

Enter new mailing address, if applicable: 484 Ocean Blvd.

(Mailing address
MAY BE A POST OFFICE BOX) Golden Beach, FL 33160

2. The Florida document number of this limited liability company is: M15000001326

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: February 10, 2015

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: Johana Sevilla

New Registered Office Address: 484 Ocean Blvd.

Enter Florida Street Address

Golden Beach, Florida 33160
City 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.


If Changing Registered Agent, Signature of New Registered Agent

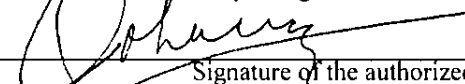
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TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF REVENUE

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)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>JOHANA SEVILLIA</u>	<u>484 OCEAN BLVD.</u>	<input checked="" type="checkbox"/> Add
		<u>GOLDEN BEACH, FL 33160</u>	<input type="checkbox"/> Remove
<u>MGRM</u>	<u>JOHANA SEVILLIA</u>	<u>20201 E COUNTRY CLUB DR., #1601</u>	<input type="checkbox"/> Add
		<u>AVENTURA, FL 33180</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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.


Signature of the authorized representative

JOHANA SEVILLIA

Typed or printed name of signee

Filing Fee: \$25.00

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2015 SEP - 8 PM 3:20
CLERK OF STATE