

U11000058990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600279694136

12/23/15--01009--011 \*\*25.00

FILED  
15 DEC 23 PM 1:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 23 2015

S. YOUNG

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** JOHN MILEA INTERIORS, 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:

NICK WILMOT  
Name of Person  
DEBBIE'S ACCOUNTING SERVICE  
Firm/Company  
3575 SOUTHSIDE BLVD  
Address  
JACKSONVILLE, FL 32216  
City/State and Zip Code  
E-mail address: (to be used for future annual report notification)

FILED  
15 DEC 23 PM 1:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

NICK WILMOT at 904 733-4547  
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



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>                      |
|--------------|-------------|-------------------------|--|
| MGR          | JOHN MILEA  | 212 SCRUB JAY DR        | <input type="checkbox"/> Add               |
|              |             | ST. AUGUSTINE, FL 32092 | <input type="checkbox"/> Remove            |
|              |             | ***REMAIN THE SAME***   | <input type="checkbox"/> Change            |
| MGR          | BRIAN HALL  | 6225 SUDBURY AVE        | <input type="checkbox"/> Add               |
|              |             | JACKSONVILLE, FL 32210  | <input checked="" type="checkbox"/> Remove |
|              |             |                         | <input type="checkbox"/> Change            |
|              |             |                         | <input type="checkbox"/> Add               |
|              |             |                         | <input type="checkbox"/> Remove            |
|              |             |                         | <input type="checkbox"/> Change            |
|              |             |                         | <input type="checkbox"/> Add               |
|              |             |                         | <input type="checkbox"/> Remove            |
|              |             |                         | <input type="checkbox"/> Change            |
|              |             |                         | <input type="checkbox"/> Add               |
|              |             |                         | <input type="checkbox"/> Remove            |
|              |             |                         | <input type="checkbox"/> Change            |

FILED  
 5 05 23 PM 1:18  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

