## L22000163919

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## **COVER LETTER**

TO;	Registration Se Division of Cor					
etib II	Jan Johnson	ı LLC				
SUBJECT:Name of Limited Liability Company						
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		January Johnson				
			Name of Person	· · · · · · · · · · · · · · · · · · ·		
		January Johnson LLC				
		***	Firm/Company			
		1215 W 12th Street				
			Address			
		Panama City, Fl. 32401				
			City/State and Zip Code	<del></del>		
		JanCunSellit@gmail.com  E-mail address: 0	to be used for future annual report no	tification)		
For fur	ther information co	oncerning this matter, please ca				
Januar	y Johnson		850 671-9851			
Name of Person			at () Area Code Dayti	me Telephone Number		
Enclose	ed is a check for th	e following amount:				
<b>■</b> \$2	5.00 Fiting 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jan Johnson LLC		DZZ
	ity Company as it now appears on our a Limited Liability Company)	FILE MIN 21  ALL ATASSE
The Articles of Organization for this Limited Liability C	_	A I ASSET SINIL 21 and assigned FLORIDA
Florida document number <u>L2200016391</u>	<u>1</u> .	Σ <sub>14</sub> ω
This amendment is submitted to amend the following:		09 11- 60
A. If amending name, enter the new name of the lim	ited liability company here:	
January Johnson LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
	<del></del> -	<u></u>
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, g	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Constitution of	
	Enter Florida street	address
		_, Florida
	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 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>N</u> ame	Address	Type of Action
AMBR	January Johnson	1215 W 12th Street	
		Panama City, FL 32401	_
			Change
			□Add
		-	□Change
			□Add
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(If an effecti <u>Note:</u> If t document	the date inserted in this block does 's effective date on the Department pecifies a delayed effective date, b	fic and cannot be prior to date of filing or more than 90 days a snot meet the applicable statutory filing requirements.	this date will not be fisted as the
An	oril 5	2022	202 FÄLL
Dated (17)		- made	2022 JUN 2
	Signatur	c of a member or authorized representative of a member	me i
	January Johnson	V	
		Typed or printed name of signee	

Filing Fee: \$25.00