

W4 000060040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

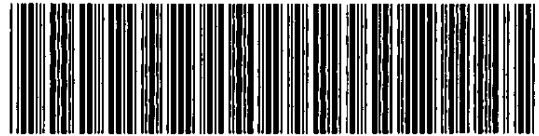
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

APR - 7 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 12, 2010

MEL JOHNSON
PO BOX 39748
FT LAUDERDALE, FL 33339

SUBJECT: THE JOHNSON DEVELOPMENT GROUP, LLC
Ref. Number: L04000060040

We have received your document for THE JOHNSON DEVELOPMENT GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

A post office box is not an acceptable address for the registered agent.

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 410A00006180

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **THE JOHNSON DEVELOPMENT GROUP 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:

MEL JOHNSON

Name of Person

THE JOHNSON DEVELOPMENT GROUP LLC

Firm/Company

PO BOX 39748

Address

FT LAUDERDALE, FLORIDA 33339

City/State and Zip Code

BARBARAHJ@BELLSOUTH.NET

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

BARBARA JOHNSON

Name of Person

at (**954**)

205-5407

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

THE JOHNSON DEVELOPMENT GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8/12/2004 and assigned
Florida document number LO4000060040.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 39748

FT LAUDERDALE, FLORIDA 33339

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TALLAHASSEE, FLORIDA

**B. If amending the registered agent and/or registered office 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:

New Registered Office Address:

Mel Johnson
2740 East Oakland Park Blvd.
Ste. 201 Enter Florida street address
Fort Lauderdale, Florida 33306
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 608, 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.

Mel Johnson
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	BARBARA JOHNSON	2727 E OAKLAND PK BLVD FT LAUDERDALE, FL 33306	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MEL JOHNSON	PO BOX 39748 FT LAUDERDALE, FL 33339	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Dated _____, _____.

Mel Johnson
Signature of a member or authorized representative of a member

MEL JOHNSON
Typed or printed name of signee