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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

MAY 29 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: James Family Partnership, 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:

Ann Marie James
Name of Person
James Family
Firm/Company
4117 Indigo Trail
Address
Destin, FL 32541
City/State and Zip Code
✓ Annmarie11@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ann Marie James at (850) 225-7447
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

S. HAWKES

MAY 29 2009

EXAMINER

JAMES Family Partnership, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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on LLC or the abbreviation

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	Brian K. James	4117 Indian Trail Destin, FL 32541	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Ann Marie James	4117 Indian Trail Destin, FL 32541	<input checked="" type="checkbox"/> Add <input 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED
MAY 2 2009
TALLAHASSEE, FLORIDA

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

Dated

May 2, 2009.

Signature of a member or authorized representative of a member

Ann Marie James

Typed or printed name of signee