

L05000090824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

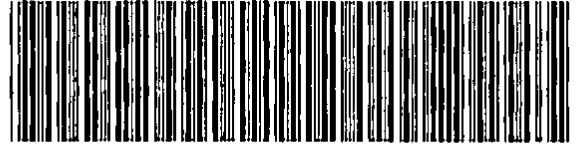
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900385495329

04/15/22--01010--004 \*\*25.00

T. MATTHEWS

JUL 13 2022

22 JUN 23 PM 12:51

STATE OF TEXAS  
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 JUN 23 AM 8:00

TALLAHASSEE, FL

May 23, 2022

WALLACE SMITH JR  
115 112TH AVENUE NE  
UNIT 527  
ST. PETERBURGS, FL 33716

We have received your document for 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 attached form must be completed in order to file the document.

MISSING PAGE 4 OF THE AMENDMENT FORM. Please provide the assigned Florida document number for your entity.

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) 245-6050.

Tekayla T Matthews  
OPS

Letter Number: 622A00011714

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JT ENTERPRISES 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:

Wallace Smith Jr  
Name of Person

JT Enterprises LLC  
Firm/Company

115 112<sup>th</sup> Ave NE, Unit 527  
Address

St. Petersburg, FL 33716  
City/State and Zip Code

Wallacesmith829@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joe G. Truhen at (922) 644.5113  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

22 JUN 23 PM 12:51

(A Florida Limited Liability Company)

**If Changing Registered Agent, Signature of New Registered Agent**

[illegible]

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

I JOE TRUHAN WOULD LIKE TO ADD  
WALLACE SMITH TO MY LIMITED LIABILITY CORPORATION

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated APRIL 11, 2022.

Joe B Truhan

Signature of a member or authorized representative of a member

JOE G TRUHAN

Typed or printed name of signer