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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

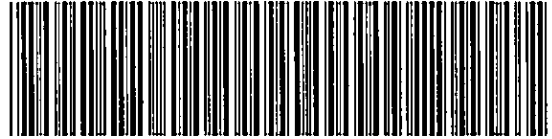
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/26/20--01018--008 **55.00

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2020 MAR 26 PM 12:41

Amend/CC

APR 09 2020
I ALBRITTON

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: L M P JOANN L.L.C.
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:

Dave Evans, Esq.

Name of Person

Law Firm of H. Greg Lee, P.A.

Firm/Company

2601 Cattlemen Road Suite 503

Address

Sarasota, FL 34232

City/State and Zip Code

pearcepad@gmail.com

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

For further information concerning this matter, please call:

George Pearce

941

951-2330

at ()

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

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and assigned

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

If Changing Registered Agent, Signature of New Registered Agent

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	George Pearce	1703 North Drive Sarasota, FL 34239	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Linda Pearce		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		1703 North Drive Sarasota, FL 34239	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

George Pearce will become the Manager and Registered Agent of the LLC and Linda Pearce will be

removed as manager, but she shall remain a member thereof. The manager shall have the ability to

make all decision without the approval of any member.

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

March 23, 2020

Linda M. Pearce

Signature of a member or authorized representative of a member

Linda M. Pearce

Typed or printed name of signee

Filing Fee: \$25.00