

L13000117437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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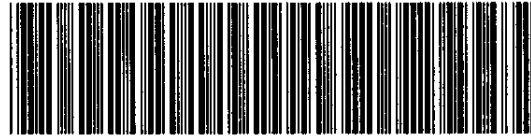
(Business Entity Name)

(Document Number)

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02/24/14--01027--011 **25.00

J. Silvers FEB 26 2014

FILED
FEB 26 2014
J. Silvers

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Johnson's Gate Repair and Installation 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:

Albert Johnson

Name of Person

Johnson's Gate Openers

Firm/Company

5527 US Hwy 98 N ~~Carrollton~~

Address

Lakeland, FL 33809

City/State and Zip Code

Johnsonsgateopeners@gmail.com

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

For further information concerning this matter, please call:

Albert Johnson

Name of Person

at (863) 808-8154

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**

Johnson's Gate Repair and Installation 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 8/20/13 and assigned
Florida document number L13000117433

This amendment is submitted to amend the following:

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

Johnson's Gate Openers LLC

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)

5527 US Hwy 98N
LAKEland, FL 33809

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5527 US Hwy 98N
LAKEland, FL 33809

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:

5527 US Hwy 98N

Enter Florida street address

LAKEland

City

Florida

33809

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 Changing Registered Agent, Signature of New Registered Agent

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 2/21/14 , _____



Signature of a member or authorized representative of a member

ALBERT JOHNSON

Typed or printed name of signee

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Filing Fee: \$25.00

FILED
14 FEB 24 AM 10:19
TALLAHASSEE, FLORIDA