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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

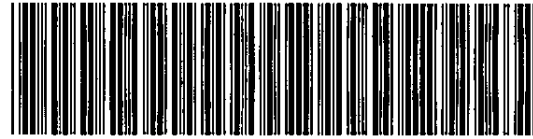
(Business Entity Name)

(Document Number)

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B. BOSTICK
APR 18 2014
EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Jeremy Turner 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:

Jeremy Turner
Name of Person
Jeremy Turner LLC
Firm/Company
5451 Lee St. Unit 1
Address
Lehigh Acres, FL 33971
City/State and Zip Code
JT1739@live.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Trisha Turner at (239) 645-6719
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


Jeremy Turner LLC

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P.O. Box 201
AIVA, FL 33920

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
Ambr MGR	mark Johnson	17572 Phlox	<input checked="" type="checkbox"/> Add
		Ft. Myers, FL 33967	<input type="checkbox"/> Remove
Ambr MGR	Trisha Turner	2329 NW 31st Terrace	<input checked="" type="checkbox"/> Add
		Cape Coral, FL 33993	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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2014-01-10
44

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

N/A

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 April 3, 2014.



Signature of a member or authorized representative of a member

Jeremy Turner

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

APR 10 2014