

# L14000140295

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

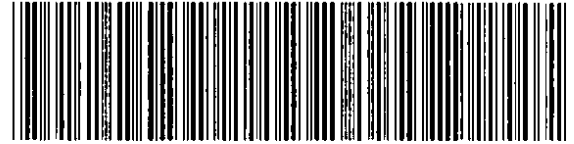
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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FL  
M

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: JON WILSON ROOFING 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:

JONATHAN WILSON

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

13138 BIG ISLAND POND RD

\_\_\_\_\_  
Address

PANAMA CITY , FL 32409

\_\_\_\_\_  
City/State and Zip Code

JONWILSON

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

For further information concerning this matter, please call:

JONATHAN WILSON

850 381-5573  
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

JON WILSON ROOFING LLC

**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**

[illegible]

## NAME CHANGE ONLY

**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.

Dated 07/06/2023

2023

Signature of a member or authorized representative of a member

JONATHAN WILSON

Typed or printed name of signee

**Filing Fee: \$25.00**