

L14000193670

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JACAVADE TILE, 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:

W. Alan Winter, Esquire, Registered Agent

Name of Person

c/o The Winter Law Firm

Firm/Company

310 Third Street

Address

Neptune Beach, Florida, 32266

City/State and Zip Code

awinter@winterlawfirm.com

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

For further information concerning this matter, please call:

W. Alan Winter, Esquire

at (904) 242-0222
Area Code Daytime Telephone Number

Name of Person

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)

ck # 3735

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

JACAVADE TILE, LLC

The Articles of Organization for this Limited Liability Company were filed on December 22, 2014 and assigned Florida document number L14000193670.

n/a

Same, no change

Same, no change

Page 1 of 3

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>
AMGR	James A. Jackson	14314 Coral Reef Drive South Jacksonville, Florida, 32224	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

None

Handwritten signature: *[Signature]*

same as date of filing

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 17th 2019

[Signature]

Signature of a member or authorized representative of a member

Curtiss J. Vaughn, MGR

Typed or printed name of signer