

L15000005499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200310231512

03/09/19--01020--022 **30.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 MAR -9 PM 7:29

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RESTATEMENT OF ARTICLES OF ORGANIZATION

Name of Limited Liability Company

PUTMON PROPERTY SERVICES, LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KELVIN L PUTMON

Name of Person

PUTMON PROPERTY SERVICES, LLC

Firm/Company

12408 V C JOHNSON ROAD

Address

JACKSONVILLE, FL 32218

City/State and Zip Code

PUTMONPROPERTY@GMAIL.COM

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

For further information concerning this matter, please call:

KELVIN L PUTMON

Name of Person

at (904) 5456471

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

(PUTMON PROPERTY SERVICES, LLC)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed _____ 1/9/15 on
and assigned

Florida document number L15000005499_____

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

18 MAR - 9 PM 7:29
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Enter Florida street address

, Florida _____

City

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

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>
MGR_____	<u>LATONYA D PUTMON</u>	<u>12408 V C JOHNSON ROAD,</u> <u>JACKSONVILLE, FL 32218</u>	<input type="checkbox"/> XX Remove
Change			
MGR_____	<u>JASMINE K PUTMON</u>	<u>12408 V C JOHNSON ROAD</u> <u>JACKSONVILLE, FL 32218</u>	XX Remove
Change			
MGR_____	<u>KELVIN L PUTMON II</u>	<u>12408 V C JOHNSON ROAD</u> <u>JACKSONVILLE, FL 32218</u>	XX Remove
Change			
_____	_____	_____	<input type="checkbox"/> Add
Remove			
Change			
_____	_____	_____	<input type="checkbox"/> Add
Remove			
Change			
_____	_____	_____	<input type="checkbox"/> Add

Page 2 of 3

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

[illegible]

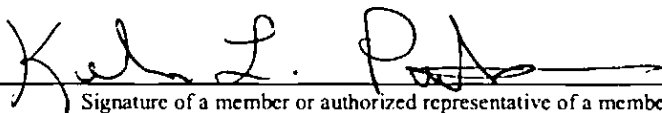
FILED
SECRETARY OF
TALLAHASSEE, FLORIDA
18 MAR -9 PM 4:29

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 205.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be used 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 6th, 2018



Signature of a member or authorized representative of a member

KELVIN L. PUTMON

Typed or printed name of signee