

L16000048493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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16 NOV - 1 P 3 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

NOV 09 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JAX CORNER 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:

ERIN E WOLLETT

Name of Person

WRIGHT & CASEY P.A.

Firm/Company

340 N CAUSEWAY

Address

NEW SMYRNA BEACH, FL 32169

City/State and Zip Code

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

For further information concerning this matter, please call:

ERIN E WOLLETT

386 428-3311
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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NOV - 7 P 3:24
CLERK OF DISTRICT COURT
FLORIDA
HAT-HAT LIMITED LIABILITY

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	WINTHROP R KNIGHT	6861 TURTLEMOUND ROAD	<input type="checkbox"/> Add
		NEW SMYRNA BEACH, FL 32162	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	WINTHROP R KNIGHT	6861 TURTLEMOUND ROAD	<input type="checkbox"/> Add
		NEW SMYRNA BEACH, FL 32162	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

REBECCA KNIGHT SHOULD REMAIN AS THE SOLE MANAGER; WINTHROP R KNIGHT SHOULD BE
AMENDED TO BE THE SOLE AUTHORIZED MEMBER.

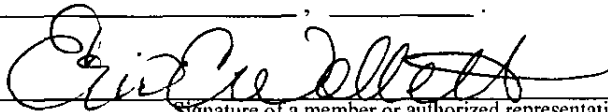
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 NOVEMBER 3, 2016



Signature of a member or authorized representative of a member

ERIN E WOLLETT

Typed or printed name of signee

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16 NOV 1 P 3 24
CLERK OF STATE
TALLAHASSEE, FLORIDA