

L16000100274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

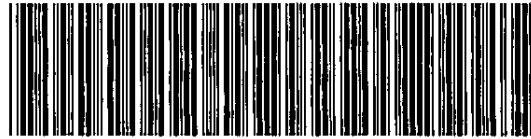
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200293478772

FILING CANCELLED  
RETURNED CHECK

200293478772  
01/26/17--01018--002 \*\*30.00

FILED

2017 JAN 26 A 7:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
JAN 27 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** KEEPING UP WITH THE JONES', 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:

**FILING CANCELLED  
RETURNED CHECK**

SHANNON JONES

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

KEEPING UP WITH THE JONES', LLC

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

123 BILTMORE PL

\_\_\_\_\_  
Address

PANAMA CITY BEACH, FL 32416

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

SHANNON.KEEPINGUPWITHTHEJONES@GMAIL.COM

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

For further information concerning this matter, please call:

SHANNON JONES

850 3819984  
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

FILED  
2017 JAN 26 A 7:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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>                      |
|--------------|-------------------|-----------------------|--|
| AMBR         | JONATHAN LANGSTON | 927 BRADLEY CR.       | <input type="checkbox"/> Add               |
|              |                   | LYNN HAVEN, FL. 32444 | <input type="checkbox"/> Remove            |
|              | FILING CANCELLED  |                       |  |
|              | RETURNED CHECK    |                       | <input type="checkbox"/> Change            |
|              | Christopher Cain  |                       | <input type="checkbox"/> Add               |
|              |                   |                       | <input checked="" type="checkbox"/> Remove |
|              |                   |                       | <input type="checkbox"/> Change            |
|              | Teresa Brasher    |                       | <input type="checkbox"/> Add               |
|              |                   |                       | <input checked="" 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            |

2017 JAN 26 A 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

FILING CANCELLED  
RETURNED CHECK

E. Effective date, if other than the date of filing: 01/03/2017 (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 01/03/2017, \_\_\_\_\_.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Typed or printed name of signee

FILED  
2017 JAN 06 A 7:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA