

L17 000060753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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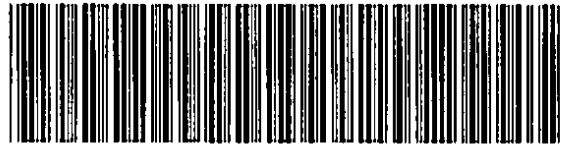
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FILED  
SECRETARY OF STATE  
DIVISION OF BUSINESS  
2022 MAY -4 AM 10:17

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DAVID JAMERSON 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:

AMANDA ERWIN

Name of Person

DAVID JAMERSON LLC

Firm/Company

PO BOX 1275

Address

LEHIGH ACRES, FL 33970

City/State and Zip Code

AMANDAJJAMERSON@AOL.COM

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

For further information concerning this matter, please call:

AMANDA ERWIN

239

940-1915

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

2022 MAY -4 AM 10:17

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**(Mailing address MAY BE A POST OFFICE BOX)**

\_\_\_\_\_, Florida \_\_\_\_\_  
*City* *Zip Code*

**If Changing Registered Agent, Signature of New Registered Agent**

[illegible]

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

LEGALLY CHANGED NAME FROM AMANDA JAMERSON TO AMANDA ERWIN.

ATTACHED MARRIAGE CERTIFICATE ALONG WITH NEW FLORIDA DRIVER'S LICENSE.

2022 MAY 14 AM 10:17  
RECEIVED  
CLERK OF THE COURT  
STATE OF FLORIDA

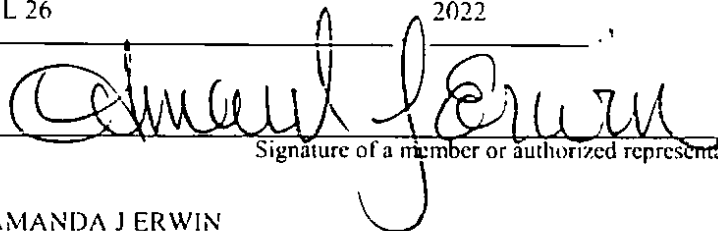
**E. Effective date, if other than the date of filing:** 04/26/2022 **(optional)**

(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 26 2022



Signature of a member or authorized representative of a member

AMANDA J ERWIN

Typed or printed name of signee