

L17000164852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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17 AUG 22 AM 7:30
CLERK OF SUPERIOR COURT
JULIA A. SASSI, CLERK
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JIMMY FIX IT
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

INGE OSMOND
Name of Person

~~339~~ JIMMY FIX IT
Firm/Company

339 N.W. HAMPSIDE DR
Address

LAKE CITY, FLA 32055
City/State and Zip Code

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

For further information concerning this matter, please call:

INGE OSMON at 954 410-5651
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

JIM'LL FIX IT

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>
	CARE A BARROW	4602 SE 136 St	<input type="checkbox"/> Add
		Summersfield, Fla. 34497	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	JAMES C. OSAGCA	339 N.W. AMBLESIDE DR.	<input checked="" type="checkbox"/> Add
		LAKE CITY, FLA 32055	<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

17 AUG 22 AM 7:30
STATION 61 3111
TALLAHASSEE, FLORIDA

17 AUG 22 AM 7:30
STATIONARY OFFICE
HALL ATLASSTATION, FLORIDA

(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)

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 9-19-2017

Inge K. Demond
Signature of a member or authorized representative of a member

INGE K OSMOND
Typed or printed name of signer