

L17 000 283 801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

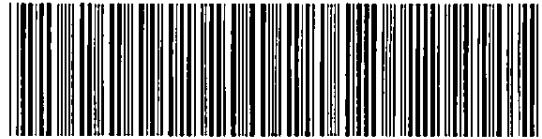
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300441560543

12/27/24--01025--016 **25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JM OF LAKE LAND, INC.

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:

TERRY JOHNSON

Name of Person

JM OF LAKE LAND, LLC

Firm/Company

7623 US HWY 98 NORTH

Address

LAKE LAND, FL 33809

City/State and Zip Code

TJOHNSON@PCPPFL.COM

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

For further information concerning this matter, please call:

TERRY JOHNSON

863 287-8812
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JM OF LAKE LAND, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 12/11/2017 and assigned
Florida document number L17000253501.

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)

7623 US HWY 98 NORTH

LAKELAND, FL 33809

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7623 US HWY 98 NORTH

LAKELAND, FL 33809

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:

TERRY JOHNSON

New Registered Office Address:

355 LAKE PANSY DR

Enter Florida street address

WINTER HAVEN

City

, Florida 33881

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

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	PETER MADISON	10694 COSMONAUT BLVD	<input type="checkbox"/> Add
		ORLANDO, FL 32824	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DERRICK KELLEY	PO BOX 1034	<input type="checkbox"/> Add
		AUBURNDALE, FL 33823-1034	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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 12.19, 24

Signature of a member or authorized representative of a member

TERRY JOHNSON

Typed or printed name of signee

Filing Fee: \$25.00