

L18000024559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

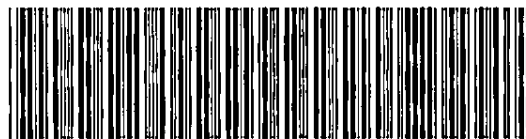
(Business Entity Name)

(Document Number)

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 **SIMMONS**  
NOV 13 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Johnson Metal & Remodeling, 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:

Curtis Johnson

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

Johnson Metal & Remodeling, LLC

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

5139 Peanut Road

\_\_\_\_\_  
Address

Graceville, FL 32440

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

curtisjohnson71491@icloud.com

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

For further information concerning this matter, please call:

Curtis Johnson

850

658-4341

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

## 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>
AMBR	Jerry Williams	3 Cope Road	<input type="checkbox"/> Add
		Chipley, FL 32428	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Keith Allix Ferrell	1405 Forrest Avenue	<input checked="" type="checkbox"/> Add
		Chipley, FL 32428	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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**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.

Dated October 25, 2018

K. Witt

  
Signature of a member or authorized representative of a member

Keith Allix Ferrell

Typed or printed name of signee