

L18 0000 24559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

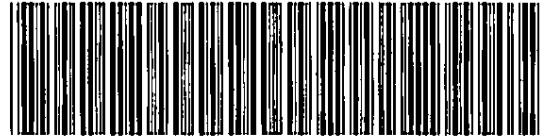
(Business Entity Name)

(Document Number)

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SHAMIYA M HARRIS



STEPHEN B. REGISTER JR., CPA

Financial Services Representative

1552 Brickyard Road

Chipley, Florida 32428

Tel: (850) 638-4251

Fax: (850) 638-2042

Cell: (850) 260-2680

October 27, 2020

Florida Department of State
P O Box 6327
Tallahassee, FL 32314

Please record the 2 attached amendments of LLC's. One includes a name change and both include changes to members.

Thanks,

A handwritten signature in black ink, appearing to read "SB Register Jr.", followed by a large, stylized number "3" and a flourish.

Stephen B Register Jr., CPA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Johnson Roofing Solutions 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 T Johnson

Name of Person

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 T Johnson

850 658-4341
at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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>
AMBR	Matthew Turner	3376 Bonnett Pond Rd	<input type="checkbox"/> Add
		Chipley, FL 32428	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Devan Daniels	39 Cope Rd	<input checked="" type="checkbox"/> Add
		Chipley, FL 32428	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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.


Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00