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(Address)

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☐ PICK-UP

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 27 2018  
J SHIVERS

paid: 3/23

CHK# 6666

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JHB Custom Trim 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:

Michele Stemrich

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

JHB Custom Trim

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

850 Indigo St

\_\_\_\_\_  
Address

Fernandina Beach FL 32034

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

office@johnsonhomebuilders.com

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

For further information concerning this matter, please call:

Michele Stemrich

904 583-9456  
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



**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          | Kevin Johnson | 96082 Estate Dr | <input type="checkbox"/> Add               |
|              |               | Yulee FL 32097  | <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            |
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|              |               |                 | <input type="checkbox"/> Change            |
|              |               |                 | <input type="checkbox"/> Add               |
|              |               |                 | <input type="checkbox"/> Remove            |
|              |               |                 | <input type="checkbox"/> Change            |

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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 March 21, 2018

Signature of a member or authorized representative of a member

**Steve Johnson**

Typed or printed name of signee