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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

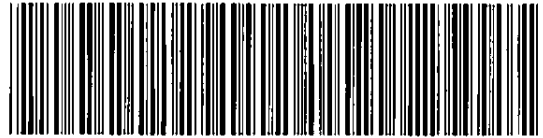
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/02/24--01057--008 **60.00

2024 MAY 2 10:10:01

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jensen R 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:

Jarett Brownie
Name of Person

Jensen R LLC
Firm/Company

1710 NW Palm Lake Drive
Address

Stuart FL 34994
City/State and Zip Code

J. Browniecontracting22@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Breanna Scott at (916) 533-3047
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input 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 checked="" 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

Jensen R LLC

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>
AP	J Kim Brownie	3412 Skyline Dr.	<input type="checkbox"/> Add
		Jensen Beach, FL	<input checked="" type="checkbox"/> Remove
		34957	<input type="checkbox"/> Change
AP	Jill A Brownie	3412 Skyline Dr.	<input type="checkbox"/> Add
		Jensen Beach, FL	<input checked="" type="checkbox"/> Remove
		34957	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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(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 April 29th, 2024

Signature of a member or authorized representative of a member

Jarett Brownie

Typed or printed name of signee

Filing Fee: \$25.00