

L18000130670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

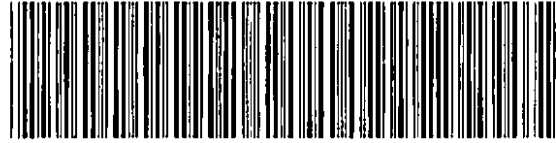
(Document Number)

Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
APR - 6 2023

Office Use Only



100405302621

SECRETARY OF STATE
FALLS CHURCH, VA
2023 MAR 24 PM 2:53

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2023 MAR 24 PM 2:15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 27, 2023

CSC

SUBJECT: JOHNS LYNG FLORIDA LLC
Ref. Number: L18000130670

RESUBMIT
Please give original
submission date as file date.

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

YOU WILL NEED TO FILE AN AMENDMENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 523A00006945

2023 APR -5 AM 11:31
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 610945 8285413

AUTHORIZATION :

COST LIMIT :

Eylien Baker
\$25.00

ORDER DATE : March 24, 2023

ORDER TIME : 2:36 PM

ORDER NO. : 610945-005

CUSTOMER NO: 8285413

DOMESTIC AMENDMENT FILING

NAME: JOHNS LYNG FLORIDA LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS: _____

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>
_____	_____	_____	<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
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

