

L18000171487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

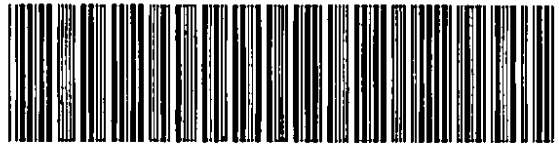
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 OCT 30 PM 1:05

12/8/20
[Signature]

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Johnson Home 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:

☒ \$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 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>
MGR	Marquis Copeland	4876 Hwy 77	<input type="checkbox"/> Add
		Graceville, FL 32440	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	David S Miles	7 Corbin Rd	<input type="checkbox"/> Add
		Cottdale, FL 32431	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Nicholas Keith Odom	578 Main Street	<input type="checkbox"/> Add
		Chipley, FL 32428	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	John F Morgan III	5393 Dekle Rd	<input checked="" type="checkbox"/> Add
		Graceville, FL 32440	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Dillon Johnson	1556 Foxworth 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
			<input type="checkbox"/> Change

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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 October 27 _____, 2020

Signature of a member or authorized representative of a member

Curtis T Johnson

Typed or printed name of signee

Filing Fee: \$25.00