

L18000 235621

(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

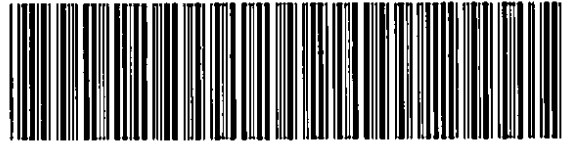
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/08/20--01006--005 **25.00

R. WHITE
FEB 06 2020

2020 JUL 1 - 8 AM 11:39

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jeremiah's House 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:

Tawane Owens
Name of Person

Jeremiah's House LLC
Firm/Company

4630 Lipscomb Street NE STE 9
Address

Palm Bay, FL 32905
City/State and Zip Code

admin@jeremiahssupportivehousing.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tawane Owens at 321 417-2837
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

2.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>
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Treasurer	Walker, Vicker	1104 Hemlock Circle Fort Pierce, FL 34947	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

Correct
PLS
Ren
B

Secretary	Ragin, Tyrone	309 N. 24th Street Fort Pierce, FL 34905	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

Secretary	Young, Kenya	4630 Lipscomb St NE STE 9, Palm Bay FL 32905	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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Board member	DWENS, Darrin	4630 Lipscomb St. NE STE 9, Palm Bay FL 32905	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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[illegible]

(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.

 President
Signature of a member or authorized representative of a member

LAWANNE OWENS
Typed or printed name of signer