

L19000025723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
OCT 19 2023

Office Use Only



100416931841

10/10/23--01087--024 \*\*55.00

FILED  
23 OCT 10 AM 8:09  
FBI - NEW YORK

21168 JEBCO WEATHER DEFENSE  
83-3596587  
FYE: 12/31/2022

9/15/2023 12:01 PM

### **Acknowledgement and General Information for Taxpayers Who File Returns Electronically**

Thank you for taking part in the IRS e-file Program.

JEBCO WEATHER DEFENSE  
4747 DEVON LANE  
JACKSONVILLE, FL 32210

- ☒ [X] Your 1120S federal income tax return for tax year ending December 31, 2022 is being filed electronically with the IRS by the services of GETSEE & DEMEOLA LLC.
- ☒ [X] Your return was accepted by the IRS on 09/15/23. The Submission ID number assigned to your return is 50624820232580078946.
- ☐ [ ] You elected to pay the balance due on the return using electronic funds withdrawal.
- ☐ [ ] The payment request has been received by the IRS. If this is not checked, the balance due must be paid by September 15, 2023.

Since you are filing your return electronically, PLEASE DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

#### **Acknowledgement Process**

The IRS will notify your electronic return originator when they accept your return, usually within 48 hours. If your return was not accepted, the IRS will notify your electronic return originator of the reasons for rejection.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JEBCO Weatherproofing Management, 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:

John Bugg

Name of Person

JEBCO Weatherproofing Management

Firm/Company

4717 Devon Lane

Address

Jacksonville, FL 32210

City/State and Zip Code

jbugg@jebcowl.com

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

For further information concerning this matter, please call:

John Bugg

423 718-9300

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

23 OCT 10 AM 8:10  
CLERK OF COURT  
JACKSONVILLE, FLORIDA

JEBCO Weatherproofing Management, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 1/24/2019 and assigned  
Florida document number L 19000025723.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

JEBCO Weather Defense, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

NO CHANGE

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NO CHANGE

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

NO CHANGE

New Registered Office Address:

*Enter Florida street address*

Florida

*City*

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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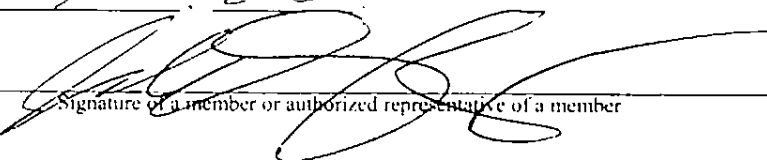
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(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)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 3<sup>rd</sup> 2023

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

John Bugg, Owner

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

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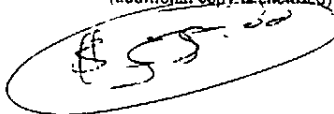
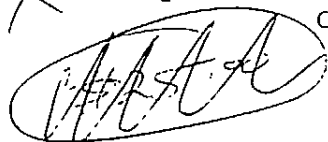
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