

LI90000 47808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

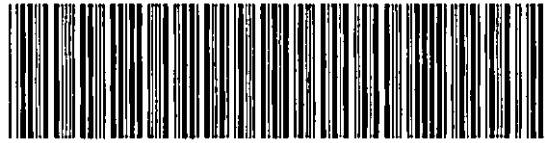
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF TEXAS
COUNTY OF DALLAS

Annand

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J & K Insulation 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:

Katie Johnson

Name of Person

J & K Insulation LLC

Firm/Company

4904 Colorado St

Address

Panama city FL 32404

City/State and Zip Code

~~jandkinsulation@gmail.com~~ ^{ty} JANDKINSULATION@GMAIL.COM ✓
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katie Johnson

Name of Person

at (256) 609-0013

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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>
<u>MGR</u>	<u>KATIE JOHNSON</u>	<u>4904 COLORADO ST</u>	<input checked="" type="checkbox"/> Add
		<u>PANAMA CITY, FL 32404</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>NANCY NEWTON</u>	<u>4904 COLORADO ST</u>	<input checked="" type="checkbox"/> Add
		<u>PANAMA CITY, FL 32404</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>SHUNDA JOHNSON</u>	<u>4904 COLORADO ST</u>	<input checked="" type="checkbox"/> Add
		<u>PANAMA CITY, FL 32407</u>	<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

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

Lined area for amending information.

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 MARCH 3rd, 2019.

Handwritten signature of Katie R. Johnson

Signature of a member or authorized representative of a member

KATIE R. JOHNSON

Typed or printed name of signee