

L19000047808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

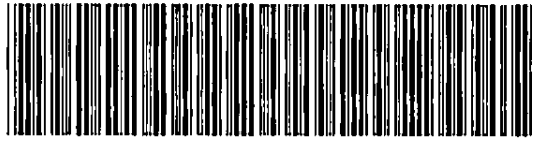
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECURITY STATE
TALLahassee, FLORIDA

JUL 24 2019
T SCHROEDER

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:

Nancy Newton
Name of Person

J & K Insulation LLC
Firm/Company

5303 Lance St.
Address

Panama City, FL 32404
City/State and Zip Code

JANDKINSULATION@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Newton at (334) 497-9800
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/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

Title Name Address Type of Action

AMBR	Nancy Newton		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		5303 LANCE ST, Panama City, FL 32404	<input checked="" type="checkbox"/> Change 45%
AMBR	Katie Johnson		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		4904 Colorado St, Panama City, FL 32404	<input checked="" type="checkbox"/> Change 45%
AMBR	James Newton	5303 LANCE ST, Panama City, FL 32404	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove 10%
			<input type="checkbox"/> Change
MGR	Shunda Johnson		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		4904 Colorado St, Panama City, FL 32404	<input checked="" type="checkbox"/> Change (rel)
			<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.)

Nancy Newton Holds 45% interest

Katie Johnson Holds 45% interest

James Newton Holds 10% interest

MOR- Shunda Johnson Holds 0% interest

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STATE OF FLORIDA
ALLIANCE COUNTY

E. Effective date, if other than the date of filing: _____ (optional)

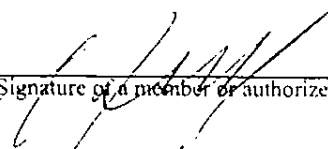
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 June 19, 2019

 Shunda Johnson
(Signature of a member or authorized representative of a member)

Nancy Newton Shunda Johnson
Typed or printed name of signee