

L19000 131470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

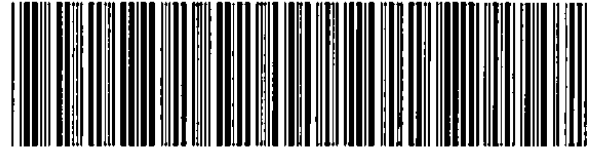
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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D SCOTT

JUN 27 2019

# COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: JMI WINDOWS & DOORS 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:

ALABOVITZ, LEONARD A

Name of Person

JMI WINDOWS & DOORS LLC

Firm/Company

9650 TARA CAY CT

Address

SEMINOLE, FL 33776

City/State and Zip Code

leo@jmiwindows.com

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

For further information concerning this matter, please call:

ALABOVITZ, LEONARD A

570

7780873

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/COURIER ADDRESS:

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

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## Page 1 of 3

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>
AMBR	JASON MCM	9650 TARA CAY CT	<input type="checkbox"/> Add
		SEMINOLE FL 33776	<input checked="" type="checkbox"/> Remove
		9650 TARA CAY CT	<input checked="" type="checkbox"/> Change
AMBR	JASON MCMAHAN	SEMINOLE FL 33776	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

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

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CLERK OF COURT  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 6/6/19 (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)

**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 \_\_\_\_\_

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

ALABOVITZ, LEONARD A

\_\_\_\_\_  
Typed or printed name of signer