

L19000154395

(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

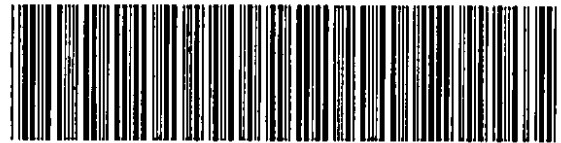
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

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O SIMMONS

JAN 30 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JACKSON RENTALS EAT, 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:

STANLEY G JACKSON

Name of Person

Firm/Company

321 NEWBERRY ST SW

Address

AIKEN SC 29801

City/State and Zip Code

stan@stanjackson.com

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

For further information concerning this matter, please call:

STANLEY G JACKSON

904

624-4551

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

**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>
MGR	GENTRY, DONALD G. SR.	2418 VIA DEL REY	<input type="checkbox"/> Add
		FERNANDINA BEACH FL 32034	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JACKSON, STANLEY G.	2811 ATLANTIC AVE #201	<input type="checkbox"/> Add
		FERNANDINA BEACH FL 32034	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FL

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

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TALLAHASSEE, FL

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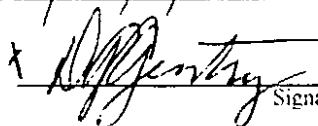
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 12/19/19 . \_\_\_\_\_

x 

Signature of a member or authorized representative of a member

DONALD G. GENTRY SR

Typed or printed name of signer

Filing Fee: \$25.00