

L19000 214 937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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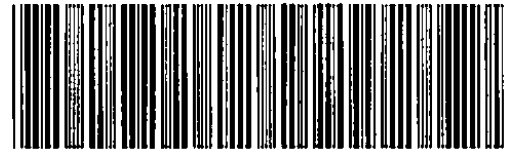
(Business Entity Name)

(Document Number)

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SEP 26 2019

02:00:11 / 11/09/2019

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** JOHNSON & JOHNSON LIMOUSINE SERVICES 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:

JAMES A JOHNSON

\_\_\_\_\_  
Name of Person

JOHNSON & JOHNSON LIMOUSINE SERVICES LLC

\_\_\_\_\_  
Firm/Company

1183 SUWANEE ROAD

\_\_\_\_\_  
Address

DAYTONA BEACH, FL. 32114

\_\_\_\_\_  
City/State and Zip Code

jayjohnson1100@yahoo.com

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

For further information concerning this matter, please call:

JAMES A JOHNSON

443

6946576

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

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

JOHNSON & JOHNSON LIMOUSINE SERVICES LLC

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

2019 SEP 17 PM 3:2

The Articles of Organization for this Limited Liability Company were filed on 8/22/19 and as  
Florida document number L19000214937.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

**(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  
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

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 com, provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wi accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this doc. being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liabil company has been notified in writing of this change.*

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
MGR	BRIGIT DUNCAN		<input type="checkbox"/> Ad
		1183 SUWANEE ROAD DAYTONA BEACH, FL. 32114	<input checked="" type="checkbox"/> Rem
			<input type="checkbox"/> Ch
AMBR	JAMES A JOHNSON		<input type="checkbox"/> Ad
		1183 SUWANEE ROAD DAYTONA BEACH, FL. 32114	<input checked="" type="checkbox"/> Rem
			<input type="checkbox"/> Ch
MGR	JAMES A JOHNSON	1183 SUWANEE ROAD DAYTONA BEACH, FL. 32114	<input checked="" type="checkbox"/> Ad
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**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 6

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be a 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 ear

(b) The 90th day after the record is filed.

Dated SEPT. 10 2019

*James H. Johnson*  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

JAMES A JOHNSON

Typed or printed name of signee