

L200000 34649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

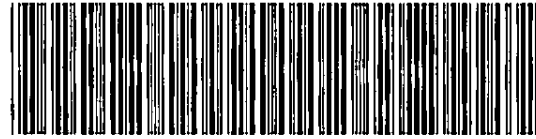
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FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
20 MAY - 7 AM 9:25

Amend

MAY 10 2020

D. CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: John Clark, 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:

John Clark
Name of Person

John Clark, LLC
Firm/Company

9230 Elmira Ave.
Address

Apexa, FL 34679
City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person at (_____) _____
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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 MAY - 7 AM 9:25



2020/04/23 AM 9:55

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 23, 2020

JOHN CLARK
JOHN CLARK, LLC
9230 ELMIRA AVE
ARIPEKA, FL 34679

SUBJECT: JOHN CLARK LLC
Ref. Number: L20000034649

We have received your document for JOHN CLARK LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

I do not see any change being made on this application. You are missing the 2nd page of the application so maybe it's the management that needs to be changed?

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 820A00008489

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

John Clark, LLC

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

20 MAY - 7 AM 9:25
RECEIVED
STATE OF FLORIDA
DEPARTMENT OF REVENUE

The Articles of Organization for this Limited Liability Company were filed on 1/28/2020 and assigned
Florida document number L200000034649

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.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

9230 Elmira Ave.
Arlington, FL 34679

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 of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

John Clark

New Registered Office Address:

9230 Elmira Ave.

Enter Florida street address

Hudson

City

Florida

34679

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

John R. Clark

If Changing Registered Agent, Signature of New Registered Agent

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

When registering I entered the incorrect name.

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

1/28/20



Signature of a member or authorized representative of a member

Typed or printed name of signee