

L200000 90037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

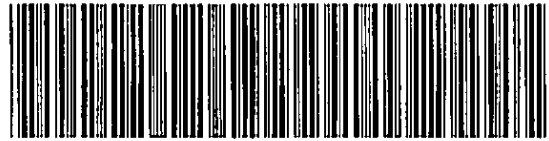
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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O SIMMONS

MAY 01 2020

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: JR SMOOTHIES 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:

JOSEPH RUSSELL

Name of Person

Firm/Company

441 SW EASTPORT CIR

Address

PORT ST LUCIE FL 34953

City/State and Zip Code

JOERUSSELL17@GMAIL.COM

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

For further information concerning this matter, please call:

JOSEPH RUSSELL

772 302-7296
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

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

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ANGELEE N RUSSELL	441 SW EASTPORT CIR	<input type="checkbox"/> Add
		PORT ST LUCIE	<input checked="" type="checkbox"/> Remove
		FL 34953	<input type="checkbox"/> Change
AMBR	JORDANE D RUSSELL	441 SW EASTPORT CIRCLE	<input type="checkbox"/> Add
		PORT ST LUCIE	<input checked="" type="checkbox"/> Remove
		FL 34953	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

I WOULD LIKE TO HAVE JOSEPH D RUSSELL AS THE SOLE MANAGING MEMBER (MGRMBR)
OF THIS LLC.

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 APRIL 17, 2020



Signature of a member or authorized representative of a member

JOSEPH RUSSELL

Typed or printed name of signee