

L20000 216218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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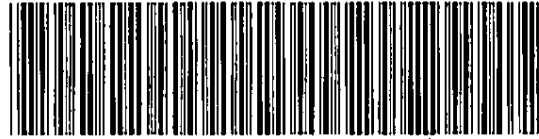
(Business Entity Name)

(Document Number)

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TO: **Registration Section**
Division of Corporations

SUBJECT: JOHNSTON ELITE 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:

CHRIS KOCHER CPA

Name of Person

LCI TAXES

Firm/Company

2729 E MOODY BLVD STE 101

Address

BUNNELL, FL 32110

City/State and Zip Code

CHRISKOCHER@LCITAXES.COM

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

For further information concerning this matter, please call:

CHRIS KOCHER CPA

386 586-3976
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

JOHNSTON ELITE SERVICES "LLC"

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

The Articles of Organization for this Limited Liability Company were filed on 07/27/2020 and assigned
Florida document number L20000216218.

This amendment is submitted to amend the following:

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

JOHNSTON ELITE SERVICES LLC

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)

164 LEHIGH AVE

FLAGLER BEACH, FL 32136

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

164 LEHIGH AVE

FLAGLER BEACH, FL 32136

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:

LCI TAXES

New Registered Office Address:

2729 E MOODY BLVD STE 101

Enter Florida street address

BUNNELL

City

Florida 32110

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.

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>
MGRM	CYLE JOHNSTON	164 LEHIGH AVE	<input type="checkbox"/> Add
		FLAGLER BEACH, FL 32136	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	ALYSA JOHNSTON	164 LEHIGH AVE	<input type="checkbox"/> Add
		FLAGLER BEACH, FL 32136	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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