

L20 000 307 021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

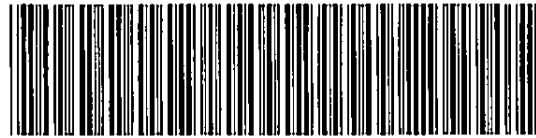
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 DEC 30 PM 3:47

TO THE CLERK
OF THE DISTRICT COURT
OF THE DISTRICT OF COLUMBIA



RINKE NOONAN
attorneys at law

December 20, 2024

Direct Dial: 320-656-3521
Sbrowne@RinkeNoonan.com

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SENT VIA CERTIFIED MAIL - RETURN RECEIPT REQUESTED

**Re: Jurseth Enterprises, LLC
Our File No. 32842-0001**


Dear Sir or Madam:

Enclosed for registration as a foreign limited liability company, please find the following documents regarding Jurseth Enterprises, LLC, a Florida limited liability company:

1. Cover Letter with attached Articles of Amendment to Articles of Organization; and
2. Check no. 88758 in the amount of \$30.00 for the filing fee and the Certificate of Status.

Thank you for your assistance in this matter. If you have any questions, please do not hesitate to contact me.

Sincerely,


Stefanie L. Brown
SLB/kimm

Enclosures

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Jurseth Enterprises, 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:

Stefanie L. Brown

Name of Person

Rinke Noonan

Firm/Company

1015 W St. German Street, Suite 300

Address

St. Cloud, MN 56302

City/State and Zip Code

sbrown@rinkenoonan.com

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

For further information concerning this matter, please call:

Stefanie L. Brown

320 251-6700
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

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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.

Signature of a member or authorized representative of a member

James R. Urseth

Typed or printed name of signee

Filing Fee: \$25.00