

L200000361523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

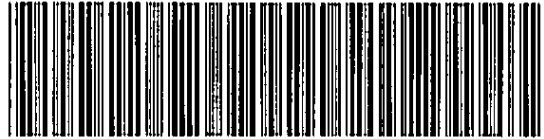
(Business Entity Name)

(Document Number)

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2021 SEP 27 AM 7:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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09/27/21--01032--002 **25.00

OCT - 5 2021

J. PRATHER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: John D. Biemiller, 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 D Biemiller
Name of Person
John D. Biemiller, LLC
Firm/Company
7052 Clarcona Ocoee Road
Address
Orlando, FL 32818
City/State and Zip Code
Cambermagnet@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John D Biemiller	407	760-3384
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

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

FILED
2021 SEP 27 AM 7:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

John D. Biemiller, 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 John D. Biemiller, LLC and assigned
Florida document number 1.20000361523.

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)

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:

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 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>
MGR	John D Biemiller	7052 Claracona Ocoee Road	<input checked="" type="checkbox"/> Add
		Orlando, FL 32818	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
PRES	John D Biemiller	7052 Claracona Ocoee Road	<input type="checkbox"/> Add
		Orlando, FL 32818	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

E. Effective date, if other than the date of filing: 8/17/2021 (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 September 23, 2021.



Signature of a member or authorized representative of a member

John D Biemiller

Typed or printed name of signee

FILED
2021 SEP 27 AM 7:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000361523

Entity Name: JOHN D. BIEMILLER, LLC

Current Principal Place of Business:

7052 CLARCONA OCOEE ROAD
ORLANDO, FL 32818

Current Mailing Address:

7052 CLARCONA OCOEE ROAD
ORLANDO, FL 32818 US

FEI Number: 86-1367900

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BIEMILLER, JOHN D
7052 CLARCONA OCOEE ROAD
ORLANDO, FL 32818 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRES
Name BIEMILLER, JOHN D
Address 7052 CLARCONA OCOEE ROAD
City-State-Zip: ORLANDO FL 32818

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN D BIEMILLER

PRES

9/23/21

Electronic Signature of Signing Authorized Person(s) Detail

Date

