1210000083128

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(Address)
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2021 HAR 29 PM 2: 01

COVER LETTER

	stration Section sion of Corporations		
SUBJECT:	Johns and Sons Construction LLC		
SOBJECT.	Name of Limit	ed Liability Com	pany
Dear Sir or M	1adam:		
The enclosed	Amendment or Cancellation of Statemen	of Authority an	d fee(s) are submitted for filing.
Please return	all correspondence concerning this matter	to the following	;;
Patrick Johns	, Connor Johns		
	Name of Person	-	-
Johns and So	ons Construction LLC		
	Firm/Company	.,	-
13990 Bartra	ım Park Blvd Apt 3104		
	Address	<u>.</u>	-
Jacksonville,	FL 32258		
	City/State and Zip Code		-
johnsandson	sconstructionllc@gmail.com		
E-n	nail address: (to be used for future annual	report notification	on)
For further in	nformation concerning this matter, please	call:	
Connor John	s	904 at (7052313
·	Name of Person	Area Code	Daytime Telephone Number
Ma	niling Address:		Street Address:
	gistration Section		Registration Section
Div	vision of Corporations		Division of Corporations
	D. Box 6327		The Centre of Tallahassee
Tal	lahassee, FL 32314		2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY

	to section 605.0302(2), Florida Statutes, this limited liabil The name of the limited liability company is:	ity company submits the f ons Construction LLC	ollowing:		
SECON	D: The Florida Document number of the limited liability of	ompany is: <u>L2100008312</u>	8		
THIRD:	The street address of the limited liability company's prince 13990 Bartam Park Blvd apt 3104 Jacksonville, FL	cipal office is:			
	The mailing address of the limited liability company's pt 13990 Bartam Park Blvd apt 3104 Jacksonville, FL	rincipal office is:			
FOURT	H: The date the statement of authority became effective is	3/25/2021			
FIFTH: OR	The statement of authority is cancelled.			2021 HAR 29	مید. از میسدیو
	The amendment to the statement of authority is Patrick Johns and Connor Johns			29 PH 2:	
	B-la-	M. David	2 2 2	01	
Signature	e of authorized representative	Mary Beth Johns Typed or printed na	ame of signal	ture	

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

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>	Address	Type of Action
Mar Dwner	Patrick Johns	JAY, FL 32258	±3104 @xdd
<i>(</i>			□Remove
	~		□Change
Mar	Connor Johns	13990 Bartram Park Blue 3104	ŒAdd
Owner		JAY, FL 32258	□Remove
			□ Change
May	Mary Beth Johns	13990 Bartram Paule Blud 3104 SAY, FL 32258	□Add
Dorred			DRemove
			Change
Max	Edward Johns	13990 Bartram Park 3104 Jax, FL	
			DRemove
			Change
			□Add
			□Remove
			□Change
			□Remove
			□ Change

	
	
	A second
ective	date, if other than the date of filing: hunch 35, 3031 (optional)
te: If th	re 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 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
cument'	s effective date on the Department of State's records.
	The Ooste day of Great
ecord sp is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
13 med. 1	
ted/	Thanh 25 2021 /
u <i>L</i>	72
	Mary Jen John
	Signature of a member of authorized representative of a member
	MARY BETH JOHNS

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