

121 000 206899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

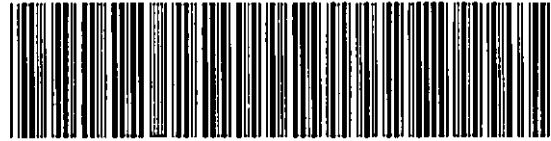
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

UAB

Office Use Only



700370580817

RECEIVED
TALLAHASSEE, FL

2021 AUG -9 AM 11:59

FILED

D BRUCE
AUG 18 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 8, 2021

RUSSELL JOHNSON JR
401 EAST SELMA AVE
TAMPA, FL 33603

SUBJECT: KING JOHNSON LLC
Ref. Number: L21000206899

We have received your document for KING JOHNSON LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 721A00018741

FILED
2021 AUG -9 AM 11:59

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KING JOHNSON 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:

Russell Johnson Jr

Name of Person

N/A

Firm/Company

401 east selma ave

Address

Tampa , FL 33603

City/State and Zip Code

kingjohnsonllc@gmail.com

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

For further information concerning this matter, please call:

Russell Johnson Jr

941 623-7586
at ()
Area Code Daytime Telephone Number

Name of Person

FILED
2021 AUG -9 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FL

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input 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 checked="" 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**

RECEIVED

KING JOHNSON LLC

2021 AUG 16 PM 12:14

(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 May 04, 2021 and assigned
Florida document number L21000206899.

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 "LLC."

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>
AMBR	Russell L Johnson Jr	401 E SELMA AVE	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33603	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
21 AUG -9 11:59
TALLAHASSEE, FL
SHERIFF'S OFFICE

SECRET
TALLAHASSEE, FL

2021 AUG -9 AM 11:59
SECTION 1 - AVE
TALLAHASSEE, FL

75

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.

Dated August 13 . 2021 .

Signature of a member or

Signature of a member or authorized representative of a member

Russell Johnson JR
Typed or printed name

Typed or printed name of signee