

121000226646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

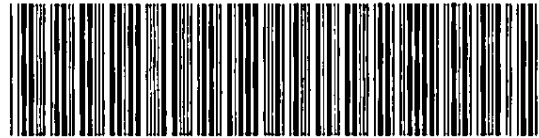
(Business Entity Name)

(Document Number)

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CLERK OF COURT
STATE OF TEXAS

YS
7/8/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JONNY'S LANDSCAPING & SERVICES L.L.C.
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:

Jonathan Riley

Name of Person

Firm/Company

167 Tom Crum Rd.

Address

Carrabelle, Florida 32322

City/State and Zip Code

jriley3006@gmail.com

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

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For further information concerning this matter, please call:

Jonathan Riley

850

528-5158

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

JONNY'S LANDSCAPING & SERVICES L.L.C.

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Change

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 STATE OF NEW YORK
 DEPT. OF ENVIRONMENTAL CONSERVATION

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

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DEPARTMENT OF STATE
INDIANAPOLIS, IN

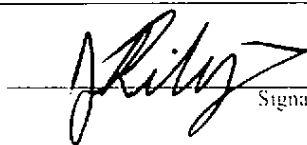
E. Effective date, if other than the date of filing: _____ (optional)

(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 June 2, 2021



Signature of a member or authorized representative of a member

Jonathan Riley

Typed or printed name of signee

Filing Fee: \$25.00