

L21000247847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

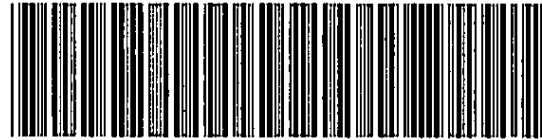
(Document Number)

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7/29/21
TMM

Office Use Only



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07/06/21--01013--005 **25.00

21 JUL -6 PM 12:21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Jordan's Truck & Trailer Repair 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:

David Jordan

Name of Person

Jordan's Truck & Trailer Repair LLC

Firm/Company

5463 Allamanda Ave

Address

North Port, FL 34288

City/State and Zip Code

david.jordan@jordanstruckandtrailerrepair.com

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

For further information concerning this matter, please call:

David Jordan

941 9935121

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

ION DIVISION OF 3M COMPANY

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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

21 JUL -6 PM 12:22

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	David C. Jordan	5463 Allamanda Ave.	<input checked="" type="checkbox"/> Add
		North Port, FL 34288	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Stacey N. Jordan	5463 Allamanda Ave.	<input checked="" type="checkbox"/> Add
		North Port, FL 34288	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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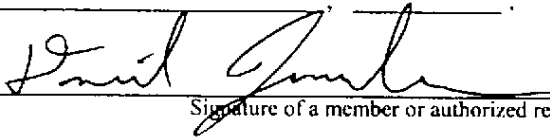
E. Effective date, if other than the date of filing: 05/27/2021 (optional)

(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 07/02 2021



Signature of a member or authorized representative of a member

David C. Jordam

Typed or printed name of signee