

11/19/21 9:16 AM

Division of Corporations

L210004277643
Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : PERMITTING SPECIALIST OF FOOD & BEVERAGE
Account Number : I20190000062
Phone : (239)850-9451
Fax Number : (866)929-0535

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: KShern711@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
4200 JSL MANAGEMENT LLC**

Certificate of Status	1
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S. PRATHER

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ALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(H210004277643)
COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4200 JSL MANAGEMENT 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:

KYLE R SHERMAN

Name of Person

4200 JSL MANAGEMENT LLC

Firm/Company

4200 PINE ISLAND RD NW

Address

MATLACHA, FL 33993

City/State and Zip Code

ksherm711@gmail.com

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

For further information concerning this matter, please call:

KYLE R SHERMAN

Name of Person

at (239)

Area Code

941-1160

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

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(H210004277643)
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

4200 JSL MANAGEMENT LLC

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/04/2021 and assigned
Florida document number L21000478576

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

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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	SHERMAN, KYLE R	4200 PINE ISLAND RD NW	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

[illegible]

(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 requirements of 605.0207 (3)(b), the date must be "TBD".

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.

Erich Lebsack

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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