K220000255816			
(Requestor's Name) (Address) (Address)	800382064158		
(City/State/Zip/Phone #)	02/22/2201007015 ★★25.00		
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	ELTER 21 PH 6: TALLMANSSEE		
Office Use Only			
	D BRUCE MAR 0 1 2022		

		•	
•	•		

۱

COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT:		SON CONTRUCTIO	in LLC		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Brac	Mame of Person	õ		
	TQ	XPTO OF FLORID	0		
	9534	4 NOVONCE PK	WY		
	N(NOTTE, FL 325 City/State and Zip Code	66		
For further information of	E-mail address: (to be used for future annual report noti-	fication)	2022 FEB SECULI TALLY	ر در ایرانی ا
VQLCTIQ Name of	Thompson	at (850)419-	c Telephone Number	21 PH 5:	
Enclosed is a check for th	e following amount:			CALL CO	
🗹 \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	

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	
T ARTICLES OF O	
ARTICLES OF O	
TO MAIL TALAN	
JUMIE JOHN	SON CONTRUCTION LLC
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	<u>ny as it now appears on our records.</u>) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000028818</u> .	were filed on <u>1-13-22</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u> <u>JOMÍP</u> JOHNSON CON The new name must be distinguishable and contain the words "Limited Liabili	Struction 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)	<u></u>
B. If amending the registered agent and/or registered office a <u>agent and/or the new registered office address here</u> :	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	<u>_</u>
New Registered Office Address:	Enter Florida street address
	, Florida

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.

City

Zip Code

, , 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>	Name	Address	Type of Action
			_ 🗆 Add
		<u></u>	_ 🗌 Remove
			_ Change
	<u></u>		_ 🗆 Add
		<u> </u>	_ 🗆 Remove
			_ □Change
			Add Add Remove
			Add Remove
		<u> </u>	_ 🗆 Remove
			_ □Change
			_ 🗆 Add
			_ 🗆 Remove
			_ Change
			_ 🖾 Add
			_ 🗆 Remove
			_ □Change

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

	·	
· · · · · · · · · · · · · · · · · · ·		
·		
	TAL	
		1 1 1 1 1 1 1 1 1 1 1 1 1
	<u> </u>	so the sector
		· · · · · · · · · · · · · · · · · · ·
	<u> </u>	محسوريد الم
	·	

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 February 10, 2022. Signature of a member or authorized representative of a member BEATLEY STEPHENS Typed or printed name of signee

Filing Fee: \$25.00

IRS DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023

JAMIE JOHNSON CONTRUCTION LLC

JAMIE JOHNSON SOLE MBR 2198 JOE DUGGER RD

FREEPORT, FL 32439

. .

Date of this notice: 02-16-2022

Employer Identification Number: 88-0721089

Form: SS-4

Number of this notice: CP 575 G

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 88-0721089. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

(IRS USE ONLY) 575G

• • •

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.
- * Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is JAMI. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, Safeguarding Taxpayer Data: A Guide for Your Business.

You can get any of the forms or publications mentioned in this letter by visiting our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter.

Thank you for your cooperation.

	Keep this part for	your records.	CP 575 G (Rev. 7-2007)
 Return this part with so we may identify you correct any errors in	r account. Please	.s.	CP 575 G 9999999999
Your Telephone Number () -	Best Time to Call	DATE OF THIS NOTICE: EMPLOYER IDENTIFICATI FORM: SS-4	

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 JAMIE JOHNSON CONTRUCTION LLC JAMIE JOHNSON SOLE MBR 2198 JOE DUGGER RD FREEPORT, FL 32439