

L23000140649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2023 APR -7 PM 12:23
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

Johnson & Wilson Properties, LLC

SUBJECT: _____
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:

John B Wilson

Name of Person

Firm/Company

11905 Osprey Point Circle

Address

Wellington FL 33449

City/State and Zip Code

johnsonwilsonproperties@yahoo.com

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

For further information concerning this matter, please call:

John Wilson

561 6767802

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

2023 APR - 7 PM 2:33

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Johnson & Wilson Properties, LLC

(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 March 20, 2023 and assigned
Florida document number 1.23000140649.

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)

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CLERK	STATE
TALLAHASSEE, FLORIDA	

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: John B. Wilson

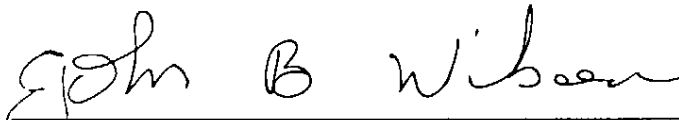
New Registered Office Address: 11905 Osprey Point Circle

Enter Florida street address

Wellington, Florida 33449
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>
Pres	Lizzie J Wilson	11905 Osprey Point Circle	<input type="checkbox"/> Add
		Wellington FL 33449	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	John B Wilson	11905 Osprey Point Circle	<input type="checkbox"/> Add
		Wellington FL 33449	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Pres	John B Wilson	11905 Osprey Point Circle	<input checked="" type="checkbox"/> Add
		Wellington FL 33449	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2020 APR 17 PM 2:23
CLERK OF DISTRICT COURT
FLORIDA
TALLAHASSEE, FL

[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)

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.

John B. Wilson

Signature of a member or authorized representative of a member

Signature of a member or authorized representative: John B. Wilson

Typed or printed name of signee

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STATE OF FLORIDA