

L23000527648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

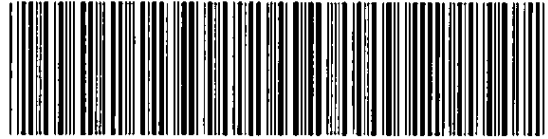
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900418935399

12/14/23--01018--023 **30.00

K 11
1/4/24

2023 DEC 14 PM 2:36
STATE
CLERK

12/14/23

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Maygan Capri Johnson 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:

Maygan Johnson

Name of Person

Firm/Company

901 SW Nichols Ter

Address

Port Saint Lucie, FL 34952

City/State and Zip Code

mayganjohnsonrealtor@gmail.com

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

For further information concerning this matter, please call:

Maygan Johnson

772

3325226

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

2021 DEC 14 PM 2:37
TALLAHASSEE
FLORIDA
STATE

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>
MGR	Brian E Johnson	901 SW Nichols Ter	<input type="checkbox"/> Add
		Port Saint Lucie, FL 34953	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

REC-14 PM 3:37
FEB 14 2014

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

Blank lined paper with horizontal ruling lines.

2023 DEC 14 PM 2:37
FBI
FBI

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 December 11 2023

Signature of a member or authorized representative of a member

Maygan C. Johnson

Typed or printed name of signee

Filing Fee: \$25.00