

L24 000 166 194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

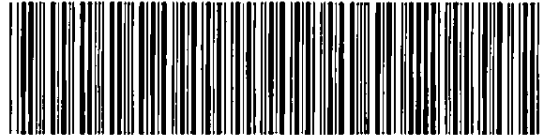
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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JMF ESTATE SERVICES, 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:

JODY M. FEINROTH

Name of Person

Firm/Company

4042 VIA MIRADA

Address

SARASOTA, FLORIDA 34238

City/State and Zip Code

shannon@lifelawfirm.com

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

For further information concerning this matter, please call:

JODY M. FEINROTH

941 544-5753

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

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SECRETARY OF STATE
TALLAHASSEE, FL

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	JODY M. FEINROTH	4042 VIA MIRADA	<input checked="" type="checkbox"/> Add
		SARASOTA, FLORIDA 34238	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JODY M. FEINROTH	4042 VIA MIRADA	<input checked="" type="checkbox"/> Add
		SARASOTA, FLORIDA 34238	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
		4042 Via Mirada	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34238	<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

Authorized
person

Jody M. Feinroth

4042 Via Mirada

Sarasota, FL 34238

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SECRETARY
TALL

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

ADD AUTHORIZED PERSON:

JODY M. FEINROTH

4042 VIA MIRADA

SARASOTA, FLORIDA 34238

2024 MAY 11 PM 11:11
SECRETARY OF STATE
TALLAHASSEE, FL

2021 MAY 17 PM 1:10
SECRETARY OF STATE
ITALY

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 APRIL 15 2024

JODY M. FEINROTH

Signature of a member or authorized representative of a member

JODY M. FEINROTH

Typed or printed name of signee