

M18000 004 960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

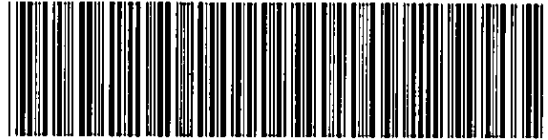
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/08/19--01025--002 \*\*\$0.00

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19 OCT -9 PM 12:47  
DIVISION OF CORPORATIONS

*Amend*

10/08/19  
CUSHING

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** John Stevenson, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Elliott Stevenson

Name of Person

John Stevenson, LLC

Firm/Company

1532 US Hwy 41 Bypass S, #172

Address

Venice, FL 34293

City/State and Zip Code

johnelliottstevenson@gmail.com

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

For further information concerning this matter, please call:

John Stevenson

Name of Person

at ( 203 ) 885-4197

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☒ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

19 OCT - 9 PM 12:47  
DIVISION OF STATE  
CORPORATIONS



# John Stevenson, LLC

1532 US Highway 41 Bypass S., #172, Venice, Florida 34293

October 8, 2019

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

To whom it may concern:

My father, John Wayne Stevenson, recently changed the sole membership of John Stevenson, LLC from himself to me, his son, John Elliott Stevenson. I would like to note the change with the Division of Corporations in Sunbiz.org so that I can open a bank account for the company.

I have attached a check for \$60.00 to pay the filing fee for the change, a certified copy of the change and a certificate of status. I have also included the current status of John Stevenson, LLC in Sunbiz.org and notification of the change of ownership from the Internal Revenue Service of the USA. The registered agent information remains the same.

Please process this information as quickly as possible. Thank you so much for your help in this matter.

Sincerely,

John Elliott Stevenson  
Sole Member

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: John Stevenson, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M18000004960

3. Jurisdiction of its organization: WY

4. Date authorized to do business in Florida: 5/22/2018

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company, " "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Sole Member from John Wayne Stevenson to John Elliott Stevenson

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Sole Member	John Wayne Stevenson		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
Sole Member	John Elliott Stevenson		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

John Elliott Stevenson  
Signature of the authorized representative

John Elliott Stevenson

Typed or printed name of signee

Filing Fee: \$25.00