

L15000100655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

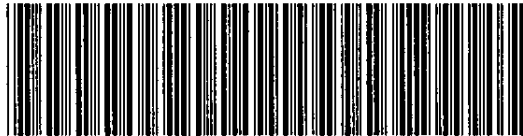
(Business Entity Name)

(Document Number)

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LAHASSEE, FLORIDA

AUG 11 2015

S MASON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 30, 2015

JUNEEVAN R MALONEY
2220 N. AUSTRALIAN AVENUE, APT 411
WEST PALM BEACH, FL 33407

SUBJECT: JOYFULJUNE INFANT & CHILD CARE SERVICES "LLC "
Ref. Number: L15000100655

We have received your document for JOYFULJUNE INFANT & CHILD CARE SERVICES "LLC " and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 215A00016051

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOYFUL JUNE INFANT & CHILD CARE 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:

Juneevan R Maloney MRS.
Name of Person

Firm/Company

P.O. Box 7524
Address

DELRAY BEACH FL. 33482
City/State and Zip Code

Juneevan m@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juneevan Maloney at (340) 643-0359
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

JOYFULTUNE INFANT & CHILD CARE SERVICES "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 06-15-2015 and assigned
Florida document number L15000100655.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

JOYFULTUNE AGENCY "LLC"
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)

2220 N Australian Ave
Apt H11, WEST PALM BEACH
FL 33407

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 7524
DELRAY BEACH
FL 33482

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:

N/A

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.

N/A
If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

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>
			☐ Add
			☐ Remove
			☐ Change
	N/A		☐ Add
			☐ Remove
			☐ Change
	N/A		☐ Add
			☐ Remove
			☐ Change
	N/A		☐ Add
			☐ Remove
			☐ Change
	N/A		☐ Add
			☐ Remove
			☐ Change
	N/A		☐ Add
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			☐ Change
	N/A		☐ Add
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			☐ Change
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			☐ Remove
			☐ Change
	N/A		☐ Add
			☐ Remove
			☐ Change

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TAMPA, FLORIDA

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

N/A

E. Effective date, if other than the date of filing: 08-17-2016 (optional) 5m
(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 08-05-2016

Juneewan R Maloney
Signature of a member or authorized representative of a member
Juneewan R Maloney
Typed or printed name of signee

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TALLAHASSEE, FLORIDA