Certificate of Status Desired: No
gistered agent, or both, in the State of Florida.
gistered agent, or both, in the State of Florida. $02/04/2020$
02/04/2020
02/04/2020
02/04/2020 Date
02/04/2020 Date

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMAL JOUDANI

AGENT

02/04/2020

2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L15000024344

Entity Name: 2JO, LLC

Current Principal Place of Business:

404 BAKER AVE CLEARWATER, FL 33755

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	Electronic Signature of Registered Agent			Date	
uthorized Person(s) Detail :					
itle	AMBR	Title	MANAGER		
lame	JOUDANI, JAMAL	Name	MICHELA, SCHNEIDER		
ddress	404 BAKER AVE	Address	404 BAKER AVE		
ity-State-Zip:	CLEARWATER FL 33755	City-State-Zip:	CLEARWATER FL 33755		

FILED Feb 04, 2020 **Secretary of State** 9345075554CC

Electronic Signature of Signing Authorized Person(s) Detail

Date