

LD4000054862

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AUG 11 2009

EXAMINER



500159263505

08/10/09--01007--011 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
09 AUG 10 AM 8:44

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOE TUX, 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:

YVONNE TOSCANO, MANAGING MEMBER
Name of Person

JOE TUX, LLC
Firm/Company

9640 ROSEWOOD POINTE TERRACE, UNIT #101
Address

BONITA SPRINGS, FL 34135
City/State and Zip Code

YVONNE_TOSCANO@YAHOO.COM
E-mail address: (to be used for future annual report notification)

'UNDERSCORE'

For further information concerning this matter, please call:

YVONNE TOSCANO
Name of Person

at (239) 273-0628
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

JOE TUX, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
DIVISION OF CORPORATE REGISTRATION
09 AUG 10 AM 8:44

The Articles of Organization for this Limited Liability Company were filed on 07-23-2004 and assigned Florida document number L04000054862.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

9640 ROSEWOOD POINTE TERRACE
UNIT #101
BONITA SPRINGS, FL 34135

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9640 ROSEWOOD POINTE TERRACE
UNIT #101
BONITA SPRINGS, FL 34135

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:

New Registered Office Address:

9640 ROSEWOOD POINTE TERRACE, UNIT
Enter Florida street address #101
BONITA SPRINGS, Florida 34135
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 608, 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	YVONNE TOSCANO	6065 HIGHWOOD PARK CT. NAPLES, FL 34110	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	YVONNE TOSCANO	9640 ROSEWOOD POINTE TERRACE, UNIT #101 BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Add <input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated AUGUST 4, 2009.

YVONNE J. TOSCANO, MANAGING MEMBER
Signature of a member or authorized representative of a member

YVONNE J. TOSCANO
Typed or printed name of signee