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Special Instructions to Filing Officer:

A. LUNT

OCT 20 2010

**EXAMINER** 

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations	•	
SUBJECT: JOSEPH'S VENTURE, U Name of Limited	C Liability Company	
The enclosed Articles of Amendment and fee(s) are submit Please return all correspondence concerning this matter to	_	
aslam Dossa	Name of Person	<b>2016</b>
Joseph's Vent	Firm/Company P	2010 OCT 19 1
4010 Palm Ber	Address 32905	9 <b>3 3 5</b>
_	City/State and Zip Code  Cused for future annual report notification)	
For further information concerning this matter, please call:		
Schil Javani Name of Person	at (239) 645 - 5555  Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\text{Certificate of Status}\$	\$55.00 Filing Fee & \$60.00 Filing Certified Copy Certificate of Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	of Status &
MAILING ADDRESS: , Registration Section	STREET/COURIER ADDRESS: Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Josephs Venture,	uc				
(Name of the Limited I (A F	iability Compan Iorida Limited L	iy as it now appears on iability Company)	our records.)		
The Articles of Organization for this Limited Lial	bility Company	were filed on 01/13	3/2006	_ and assigned	
Florida document number LO LPOOOO U	752.	•	r		
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liabi	lity company here:	¥.	s <b>2</b> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company,"	the designation "P	or <b>B</b> abbre <b>via</b> on	
Enter new principal offices address, if applicat	ole:			7 9	
(Principal office address MUST BE A STREET	ADDRESS)			3	
				* 5	
Enter new mailing address, if applicable:		4610 Pain	Beach Blud		
(Mailing address MAY BE A POST OFFICE BOX)		Fox Myers, FL 33905			
B. If amending the registered agent and/or registered agent and/or the new registered office			records, enter the	name of the new	
Name of New Registered Agent:	Aslam 1	<u>Dossani</u>			
New Registered Office Address:	UUID Palm Beach Blvd.  Enter Florida street address				
	FOR MU	yers:	, Florida <u>33</u>	905 Zip Code	
New Registered Agent's Signature if changing Da	gistered Agents	Сиу		гір Соие	

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:

MGŘ = Manager

MGRM = Managing Member **Title Type of Action** <u>Name</u> <u>Address</u> JIVani Remove You Nobsec MOR. Remove MGR Aslam Dossani Remove Manisha Jivani MGRM ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessor) Dated\_ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00