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(Address)

(Address)

(City/State/Zip/Phone #)

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EXAMINER



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FILED
SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
09 MAY - 8 AM 11:04

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Joy's Real Estate Solutions, 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:

Joy Schoggie
Name of Person

Seed Time to Harvest, LLC
Firm/Company

4411 SE 107 Lane
Address

Belleview, FL 34426
City/State and Zip Code

cat2live @ seedtimeto harvest . com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joy Schoggie at (352) 427-5440
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

Joy's Real Estate Solutions, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Seed Time to Harvest, LLC

Page 1 of 2

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
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		_____	<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 May 6th, 2009.

Joyce B. Schoggie
 Signature of a member or authorized representative of a member

Joyce B. Schoggie
 Typed or printed name of signee