

LD9 0000615922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

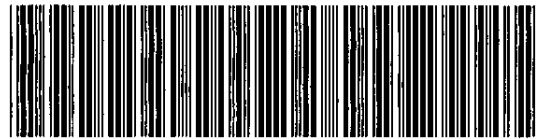
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

APR 20 2009

EXAMINER

# THE DECKER LAW FIRM, P.A.

Attorneys and Counselors at Law

*Andrew J. Decker, III*

[decklaw@windstream.net](mailto:decklaw@windstream.net)

**Mail Reply To:**

Post Office Box 1288  
Live Oak, Florida 32064

Telephone: (386) 364-4440  
Facsimile: (386) 364-4508

**Office Location:**

320 White Avenue  
Live Oak, Florida 32064

April 14, 2009

Department of State  
Division of Corporations  
Corporate Filings  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: Articles of Amendment to Articles of Incorporation  
of L Joy USA, LLC

Dear Sir:

Please find enclosed herewith the original of the Articles of Amendment to Articles of Incorporation of **L Joy USA, LLC** and my office account check in the amount of \$335.00 payable to the Florida Secretary of State to cover the cost of filing fee and certified copy of the Articles of Amendment to Articles of Incorporation.

Please file the Articles of Amendment to Articles of Incorporation in accordance with your usual procedures and return to me a certified copy of the Articles of Amendment to Articles of Incorporation.

If your office should have any questions regarding this transmittal or the accompanying enclosures, please do not hesitate to contact me at your earliest convenience.

Thank you for your courtesies and consideration.

Sincerely yours,



Andrew J. Decker, III

AJD,III:lp

Enclosures

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: L Joy USA, 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:

Andrew J. Decker, III

(Name of Person)

The Decker Law Firm, P.A.

(Firm/Company)

Post Office Drawer 1288

(Address)

Live Oak, Florida 32064

(City/State and Zip Code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Andrew J. Decker, III

(Name of Person)

at ( 386 ) 364-4440

(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**

L Joy USA, 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 February 17, 2009 and assigned  
Florida document number L09000015922.

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 abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

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**2009 APR 17 AM 11:34**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**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:

*(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 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

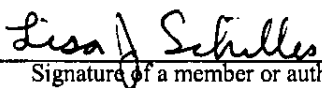
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Beth A. Webster	10207 158th Street North Jupiter, Florida 33478	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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 TALLAHASSEE, FLORIDA

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dated March 27, 2009

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 Lisa J. Schiller  
 \_\_\_\_\_  
 Typed or printed name of signee