

#L09000086546

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

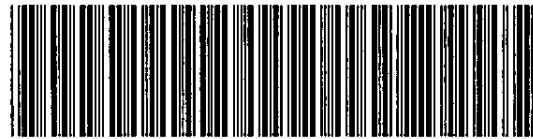
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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400265398394

EFFECTIVE DATE  
11-1-2014

10/14/14--01008--003 \*\*25.00

FILED  
2014 OCT 14 PM 3:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
OCT 20 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JUNTO DESIGN STUDIO 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:

WILLIAM RAPP  
Name of Person

JUNTO DESIGN STUDIO  
Firm/Company

101 SOUTH FRANKLIN STREET : SUITE 203  
Address

TAMPA, FL. 33626  
City/State and Zip Code

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

For further information concerning this matter, please call:

WILLIAM RAPP at ( 813 ) 784-7968  
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

EFFECTIVE DATE  
11-1-2014

TO  
ARTICLES OF ORGANIZATION  
OF

JUNIO DESIGN STUDIO LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09.08.2009 and assigned  
Florida document number L09000086546

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

N/A

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 605, 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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

Authorized Member being added or removed from our records:

MGR = Manager

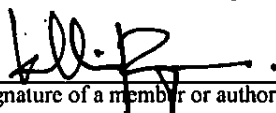
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	KRISTINA M. YORK	101 SOUTH FRANKLIN ST.	<input type="checkbox"/> Add
		SUITE 203	<input checked="" type="checkbox"/> Remove
		TAMPA.FL.33602	
MGRM	JOHN A. MISTRETA	101 SOUTH FRANKLIN ST.	<input checked="" type="checkbox"/> Add
		SUITE 203	<input type="checkbox"/> Remove
		TAMPA.FL.33602	
			<input type="checkbox"/> Add
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U.S. DISTRICT COURT  
MIDDLE DISTRICT

E. Effective date, if other than the date of filing: NOVEMBER 1, 2014 (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated OCTOBER 6TH, 2014



Signature of a member or authorized representative of a member

WILLIAM RAPP

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA