

L16000165662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

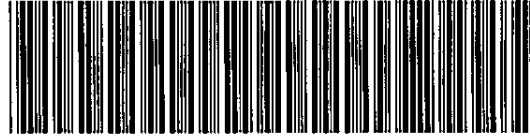
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 FEB 17 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers FEB 20 2015

255



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 11, 2015

krista joseph
po box 1097
ponte vedra beach, FL 32004

SUBJECT: HOJO LLC
Ref. Number: L10000105662

We have received your document for HOJO LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section


Letter Number: 015A00002828

1-30-15

To Whom it may concern:

I am submitting a change of address and 50% of ownership into a trust.

Thank you,


Krista Keating-Joseph
352-212-2188

P.S.

please send me
certified copy and status of
HOTO LLC

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HOJO 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:

KRISTA JOSEPH

Name of Person

ASPEN MEDICAL COUNSUTANTS AND MARKETING, LT

Firm/Company

PO BOX 1097

Address

PONTE VEDRA BEACH, FL 32004

City/State and Zip Code

KKJRB@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KRISTA JOSEPH

Name of Person

at (**352**) **212-2188**

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**

HOJO 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 OCT. 8, 2010 and assigned
Florida document number L10000105662.

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:

229 CANNON COURT EAST

(Principal office address MUST BE A STREET ADDRESS)

PONTE VEDRA BEACH, FL

32082

Enter new mailing address, if applicable:

PO BOX 1097

(Mailing address MAY BE A POST OFFICE BOX)

PONTE VEDRA BEACH, FL

32004

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:

KRISTA JOSEPH

New Registered Office Address:

229 CANNON COURT EAST

Enter Florida street address

PONTE VEDRA BEACH

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.

If Changing Registered Agent, Signature of New Registered Agent

Authorized Member be added or removed from our records:

MGR = Manager

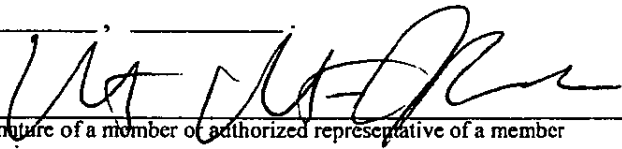
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	WILLIAM HOLMES	734 SW KINGS BAY DR	<input type="checkbox"/> Add
		CRYSTAL RIVER, FL	<input checked="" type="checkbox"/> Remove
		34429	
MGR	PHYLLIS HOLMES	734 SW KINGS BAY DR.	<input type="checkbox"/> Add
		CRYSTAL RIVER, FL	<input checked="" type="checkbox"/> Remove
		34429	
MGR	WILLIAM AND PHYLLIS HOLMES HOLMES TRUST 1/20/15	PO BOX 1097	<input checked="" type="checkbox"/> Add
		PONTE VEDRA BEACH, FL	<input checked="" type="checkbox"/> Remove
		32004	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TAMU ARCHIVES

E. Effective date, if other than the date of filing: _____ (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 1/30/15



Signature of a member or authorized representative of a member

Krista Keating-Joseph

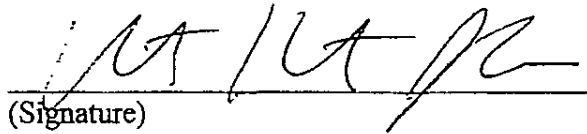
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EXHIBIT

NEW MEMBER'S CONSENT

The undersigned agrees to be bound as a Member by the terms of the Operating Agreement of Hojo LLC as if the undersigned was a signatory thereof.


(Signature)

Name: Krista Keating Joseph

Date: _____