

L11000057333

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(Address)

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2017 APR -3 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
APR - 4 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JANDA SO-SO 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:

Michael HUDSON
Name of Person

Firm/Company

13281 Eagle Ridge Lakes Dr #202
Address

FORT MYERS FL 33912
City/State and Zip Code

M3JH MAIL @ Yahoo.Com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael HUDSON at (847) 274-4432
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

JANOA 50-50 LLC

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

FILED
2017 APR -3 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on MAY 16, 2011 and assigned
Florida document number L11000057333

This amendment is submitted to amend the following:

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

NA

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5901 TARPON GARDENS Circle
201
CAPE CORAL FL 33914

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5901 Tarpon Gardens Circle #202
Cape Coral FL 33914

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:

NA

New Registered Office Address:

5901 Tarpon Gardens Circle #202
Cape Coral FL 33914

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
<u>MGR</u>	<u>JUDITH A White</u>	<u>5901 Tarpon Gardens Circle #202</u> <u>Cape Coral, FL 33914</u>	<input checked="" type="checkbox"/> Add <u>ReTAIn</u> <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>MGR</u>	<u>Allen D White</u>	<u>Deceased</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
<u>MGR</u>	<u>AAron D White</u>	<u>85 VIVANTE BLD #205</u> <u>Punta Gorda FL 33950</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
<u>MGR</u>	<u>Shannay M. Tucker</u>	<u>85 VIVANTE Bld #205</u> <u>Punta Gorda FL 33950</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 APR -3 PM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2017 APR -3 PM 12:32
U.S. DISTRICT COURT
SOUTHERD DISTRICT OF
FLORIDA
TALLAHASSEE

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

March 20, 2017
 Michael A. Helsa
 Signature of a member or authorized representative of a member

Michael Hudson
Typed or printed name of signee