

L11000107287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

L11-107287

(Document Number)

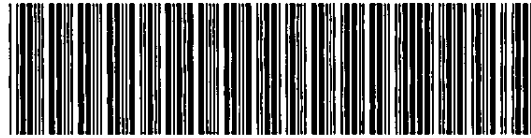
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A. LUNT

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 APR 24 PM 3:10

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 29, 2013

MRS. ANNA BARTLE  
712 WESLEY AVE. SUITE D  
TARPON SPRINGS, FL 34689

SUBJECT: VIAL FACTORY, LLC  
Ref. Number: L11000107287

We have received your document for VIAL FACTORY, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 213A00007468

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Vial Factory 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:

**Anna C Bartle**

Name of Person

**JB Works LLC**

Firm/Company

**712 Wesley Ave, Suite D**

Address

**Tarpon Springs, FL. 34689**

City/State and Zip Code

**jbworksllc@gmail.com**

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

2013 APR 24 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

**Anna C Bartle**

Name of Person

**727 458-1639**  
at ( )

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**

Vial Factory 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 Sept. 20th, 2011 and signed  
Florida document number L11000107287

FILED  
2011 APR 24 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

JB Works LLC

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:**

(Principal office address MUST BE A STREET ADDRESS)

712 Wesley Ave, Suite D,  
Tarpon Springs, FL. 34689

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

(Mailing address MAY BE A POST OFFICE BOX)

712 Wesley Ave, Suite D,  
Tarpon Springs, FL. 34689

**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:

712 Wesley Ave, Suite D,

*Enter Florida street address*

Tarpon Springs, Florida 34689

*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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

2013 APR 24 PM 3:44

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

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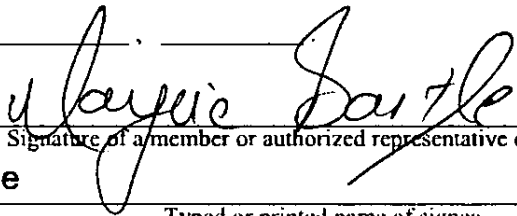
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Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

Anna C. Bartle

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

2013 APR 24 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**