L12000012357

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	= #)
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J. SAULSBERRY EXAMINER

APR 25 2013

COVER LETTER

TO:	Registration Division of	
	1 •	

SUBJECT: Joseph Renda 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:

Joseph Renda

Name of Person

Joseph Renda LLC

Firm/Company

9971 SW 182nd Cir

Address

Dunnellon FL 34432

City/State and Zip Code

joerenda1@gmail.com

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

For further information concerning this matter, please call:

Joseph D Renda

352,470-0563

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

Name of Person

■ \$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

JR SALES LLC		
(Name of the Limited Liabilit	y Company as it now appears on our record Limited Liability Company)	<u>is.</u>)
(A FIORE	Emitted Elabitity Company)	
The Articles of Organization for this Limited Liability (Company were filed on 1-25-2012	and assigned
Florida document number L12000012357		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
JOSEPH RENDA LLC		
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the designs	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		2
(Principal office address MUST BE A STREET ADD	RESS)	
		÷; 🛪
		23 F
Enter new mailing address, if applicable:		73 a 17
(Mailing address MAY BE A POST OFFICE BOX)		
Imating dutiess MAT DE ATOST OFFICE DOA		<u>β</u> ω
		<u> </u>
B. If amending the registered agent and/or regis	stered office address on our records.	enter the name of the new
registered agent and/or the new registered office add		
Name of New Registered Agent:		
Name Demistered Office Address.		
New Registered Office Address:	eet address	
	. Flor	ida
-	City	Zip Code
	- J. AA.	

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>	Address	Type of Action
			Add
			Remove
			Add
			Remove
			П
			Add
			Remove
			Add S
			20 7 Remove
			2015 Remove
			A Add C
			Remove
			Add
			Remove
			Remove

lf amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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_	
 d	4.19.13,
	A Dicens
	Signature of a member or authorized representative of a member
	Joseph d Renda
	Typed or printed name of signee

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Filing Fee: \$25.00

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