# L12000110678

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor					
Joseph Kar	ish LLC				
	Name of Lin	nited Liability Company			
	Amendment and fee(s) are sub	_			
	Joseph Karish				
		Name of Person			
	Joseph Karish LLC				
		Firm/Company			
	1070 Archway Dr.				
		Address		7. 5 G	
	Spring Hill, Fl34608			EC 2	
	jhkarish@live.com	City/State and Zip Code		165 E	K. H.VILL
For further information c	E-mail address: (oncerning this matter, please co	to be used for future annual report notifi all:	ication)	PH 4: 10	
Joseph Karish		352 277-6609 at ()			
Name o	f Person		Telephone Number		
Enclosed is a check for th	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &	

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

Joseph Karish LLC.		
( <u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)	<del> </del>
The Articles of Organization for this Limited Liability Comp	pany were filed on 8/28/2012	and assigned
Florida document number L12000110678		
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 contain the words "Limited I	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	S)	
	-	7 S
		E E
Enter new mailing address, if applicable:		29 P
(Mailing address MAY BE A POST OFFICE BOX)		mo on
		F STATE OF THE PROPERTY OF THE
	<del></del>	ORI -
B. If amending the registered agent and/or registere		er the name of the ne
registered agent and/or the new registered office address	here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	<u> </u>
	, Florida	
	City	7in 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>	Address	Type of Action
MGR	Joseph Karish	1070 Archway Dr. Spring Hill, Fl 34608	<b>≅</b> Add
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D. Der			
(If an ef	tive date, if other than the date of filing: (optional)  fective 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 605.0	207 (3)(b)
Note: docur	If the date inserted in this block does not meet the applicable statutory filing requirements, this date nent's effective date on the Department of State's records.	will not be listed	as the
	·		
if the re (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. e e 90th day after the record is filed.	on the earlier	of:
	12/23/2015		
~ .			
Dated	$f(\cdot) = f(\cdot)$		
Dated	Signature of a member or authorized representative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00