

L12 000 111942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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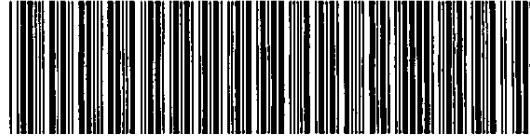
(Business Entity Name)

(Document Number)

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FILED
15 JUL 25 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
07/26/16--01002--0000

JUL 27 2016
J. HARRIS

2016 JUL 25 PM 5:52
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Joe D Meats, 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:

Joe Montes

Name of Person

Firm/Company

1240 NW 35th Pl.

Address

Cape Coral FL 33993

City/State and Zip Code

joe montes611@gmail.com

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

For further information concerning this matter, please call:

Joe Montes

Name of Person

at (239) 265-5169

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

J & D Meats, 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 8/30/2012 and assigned
Florida document number L12000111942.

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 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)

1240 NW 35th Pl.

Cape Coral FL 33993

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1240 NW 35th Pl.

Cape Coral FL 33993

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:

Enter Florida street address

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

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

Title	Name	Address	Type of Action
VP	Danielle Routen	3871 SE 7th Place	<input type="checkbox"/> Add
		Cape Coral FL 33904	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	Joe Montes		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		1240 NW 35th Pl. Cape Coral FL 33904	<input checked="" type="checkbox"/> Change
		(please change the address)	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUL 26 PM 12:12
10 Add
10 Remove
10 Change
10 Add

