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TALLAHASSEE, FLORIDA

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AND  
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D. D. BRUCE  
D. BRUCE  
OCT 9 2012  
EXAMINER

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: Joneleen 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:

Doreen M Scott

Name of Person

Joneleen LLC

Firm/Company

2107 Hammock Park Ct.

Address

Trinity, FL 34655

City/State and Zip Code

joneleen@hotmail.com

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

For further information concerning this matter, please call:

Doreen Scott

Name of Person

at ( 727 )

505-9658

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

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**Joneleen LLC**

Page 1 of 2

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>
AMGR	Mika Caruana	9009 Northcliffe Blvd Spring Hill, FL 34606	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Doreen Scott	2107 Hammock Pk Ct. Trinity, FL 34655	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Please change Joby Thomas' title from PMGR to MGRM

Dated Oct. 8, 2012



Signature of a member or authorized representative of a member

Doreen M. Scott

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
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