

L12 000 150311

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000138733 3)))



H15000138733ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GENERAL SOLUTIONS INC
Account Number : I20140000086
Phone : (305) 255-3310
Fax Number : (305) 355-3320

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: info@jokervitamins.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JOKER VITAMINS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

15 JUN -9 AM 6:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDASECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUN -9 AM 7:07

FILED

JUN 10 2015

Electronic Filing Menu

Corporate Filing Menu

Help SHIVERS

H150001387333

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JOKER VITAMINS 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:

THIAGO CARDOSO

Name of Person

JOKER VITAMINS LLC

Firm/Company

816 NW 11 ST SUITE 602

Address

MIAMI FL 33136

City/State and Zip Code

info@jokervitamins.com

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

For further information concerning this matter, please call:

THIAGO CARDOSO

305 896-7775

Name of Person

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

H150001387333

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JOKER VITAMINS 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 11/30/2012 and assigned
Florida document number L12000150311.

This amendment is submitted to amend the following:

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

TR9 WORLDWIDE LLC

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:

15629 SW 98TH TERRA

(Principal office address **MUST BE A STREET ADDRESS**)

MIAMI FL 33196

Enter new mailing address, if applicable:

15629 SW 98TH TERRA

(Mailing address **MAY BE A POST OFFICE BOX**)

MIAMI FL 33196

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

City, Florida

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

H150001387333

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H150001387333

MGR = Manager

AMBR = Authorized 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"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H150001387333

[The page contains faint horizontal lines, suggesting it was part of a lined notebook or document.]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JUNE 9 2015

Typed or printed name of signee

Filing Fee: \$25.00

15 JUN -9 AM 7:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4150001387333