

Division of Corporations

Page 1 of 1

**L13000083527**

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

From:

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Account Number : I20010000062  
Phone : (323) 962-8600  
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JOELIE CUISINE LLC

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Corporate Filing Menu

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2013-10-18 10:43

KAPLAN 4077745651&gt;&gt; 13233890597

P 1/3

**COVER LETTER**

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: JOELIE CUISINE 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:

Imelda Vasquez

(Name of Person)

Legalzoom.com, Inc.

(Firm/Company)

100 W. Broadway Suite 100

(Address)

Glendale, CA 91210

(City/State and Zip Code)

For further information concerning this matter, please call:

Imelda Vasquez

(Name of Person)

at ( 323 ) 962-8600 ext 7950

(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 &  
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(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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2013-10-18 10:44

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P2/3

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOELIE CUISINE 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 06/10/2013

Florida document number L13000083627

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**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 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)

2013-10-18 10:44

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P 3/3

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

Title	Name	Address	Type of Action
MGRM	JOANNE DAVID	102 LITTLE OAK LN. ALTAMORTE SPRINGS, FL 32714	<input type="checkbox"/> Add <input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Article II. The street and mailing address of the limited liability company shall be:

1146 State Rd W. 436, Altamonte Springs, Florida, 32714

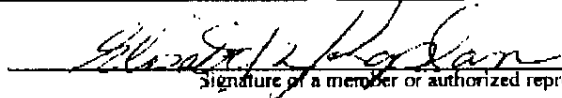
Article V. The address of Elisabeth Kaplan, Managing Member, shall be:

1146 State Rd W. 436, Altamonte Springs, Florida, 32714

Dated

October 17

2013



Signature of a member or authorized representative of a member

Elisabeth Kaplan

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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SECRET  
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
DATE 10/21/13 BY 60322 UCBAW

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