L13000102087

	(Requestor's Name)	
	(Address)	
	(Address)	,
	(City/State/Zip/Phone #)	
		
PICK-U	P WAIT	MAIL
• • •	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instruction	s to Filing Officer	
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Office Use Only



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SECRELARY OF STATE

SECRETARY OF STATE ONVISION OF CURPORATION

COVER LETTER

TO: Registration So Division of Cor					
S	TRAIN WITH J	OE LLC			
SUBJECT:	UBJECT: Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Joseph F Guardabaseio	·			
		Name of Person			
	Train With Joe LLC				
	···	Firm/Company			
	2954 Mayfair Court				
		Address	7 7		
	Clearwater, FL 33761				
		City/State and Zip Code			
	trainwithjoeg@gmail.com	to be used for future annual report notific	potion		
For further information of	concerning this matter, please e	·	autony		
Joseph Guardabascio		727 667-8011			
Name o	of Person	at () Area Code Daytime	Telephone Number		
Enclosed is a check for t	he 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 Taliahassee, 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

JOE LLC		
Company as it now appe imited Liability Company	ars on our records.)	
		and assigned
•		
ed liability company	<u>here</u> :	
ed Liability Company." the	designation "LLC" or the a	ibbreviation "L.L.C."
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<u></u>		
	man () 4 m - 1 m	
	· · · · · · · · · · · · · · · · · · ·	
	on our records, <u>enter</u>	the name of the new
ess here:		
Enter F	lorida street address	
	, Florida	
City		Zip Code
Agent:		
nplete performance (of my duties, and I am	gree to comply will The familiar with and
ent as provided for in Coffice address. I ber	i Chapter 605, F.S. Oi eby confirm that the b	r, yyyus aocumen⊓s;;;;; imliedTiability = ≅≪
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		ATION ATION
If Changing Registered	Agent, Signature of New F	
	Company as it now apper dimited Liability Company mpany were filed on	Company as it now appears on our records. Imited Liability Company) Impany were filed on

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>	Name	Address	Type of Action
			□ ∧dd
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			Remove SECRETARY OF CHARGE Add PH
			Change LTARY OF CORPORATION Add-PH 3: SEED FLOORING
			☐ Change

D. If ameno	ling any other inforn	nation, enter change(s) here: (Attach additional sheets, if nec	:essary.)	
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Note: If	the date inserted in this	ne date of filing: 05/06/2015 (options to specific and cannot be prior to date of filing or more than 90 days after block does not meet the applicable statutory filing requirements, this Department of State's records.	ional) r filing.) Pursuant to 6 is date will not be li	05.0207 (3)(b) isted as the
	rd specifies a delay Oth day after the re	ed effective date, but not an effective time, at 12:01 ecord is filed.	a.m. on the ear	tier of:
Dated	May 6th	2015	ALCHE)	SECRET
		Signaphre of a member or authorized tepteschiative of a member		
	. (Joseph F Guardabascio		R 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
		Typed or printed name of signee		_ ≥≥

Page 3 of 3

Filing Fee: \$25.00