

L17000107581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

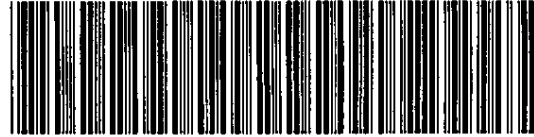
(Business Entity Name)

(Document Number)

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J. Shivers JAN 23 2013

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 8, 2014

TRAVIS WILLIAMS
PO BOX 530132
LAKE PARK, FL 33404

SUBJECT: JUANITA LOUISE LLC
Ref. Number: L13000107581

We have received your document for JUANITA LOUISE LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation.

One or more major words may be added to make the name distinguishable. **Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 514A00000457

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Junaita Louise 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:

Travis B. Williams

Name of Person

Nita's Place

Firm/Company

P.O. Box 530132

Address

Lake Park, FL. 33404

City/State and Zip Code

shan.hw3@hotmail.com

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

For further information concerning this matter, please call:

Travis B. Williams

Name of Person

561 352-5141

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

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

Junaita Louise 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 07/29/2013 and assigned
Florida document number L13000107581.

This amendment is submitted to amend the following:

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

Junaita's On The Ave LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1604 W 28th St.

(Principal office address MUST BE A STREET ADDRESS)

Riviera Beach, FL.33404

Enter new mailing address, if applicable:

P.O. Box 530132

(Mailing address MAY BE A POST OFFICE BOX)

Lake Park, FL.33403

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:

Travis B. Williams

New Registered Office Address:

1604 W. 28th B

Enter Florida street address

Riviera Beach

Florida 33404

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.

Travis B. Williams
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Travis B Williams	P.O. Box 530132	<input checked="" type="checkbox"/> Add
		Lake Park, FL. 33403	<input type="checkbox"/> Remove
MGR	Shantell Hester Williams	1601 W. 28th B	<input type="checkbox"/> Add
		Riviera Beach, FL 33404	<input checked="" type="checkbox"/> Remove
MGR	Tavis B. Hester	1601 W. 28th B	<input type="checkbox"/> Add
		Riviera Beach, FL 33404	<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

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

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JAN '17 '14, 2014.

Travis B Williams

Signature of a member or authorized representative of a member

TRAVIS B WILLIAMS

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
12 JAN 17 2014
TALLAHASSEE, FLORIDA