

L 13000110189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

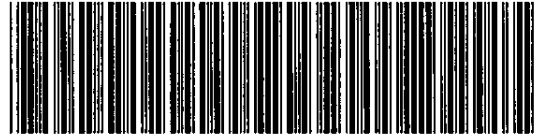
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 FEB 17 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

K. SALY
EXAMINER
FEB 18 2014

STAT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 29, 2014

THE TAX GUY
HERB BRIGGS CPA
5208 66TH ST. N, STE. A
ST. PETERSBURG, FL 33709

SUBJECT: JOEY BISH LLC
Ref. Number: L13000110189

We have received your document for JOEY BISH LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is distinguishable on our records. However, the name is similar to a name already on file with this office. Therefore, the use of this name may result in future complications. The name of the existing entity is : J & J TRUCKING, LLC, document number L03000028253.

You may 1.) resubmit the document under the current name; or 2.) choose to file under another name. If you choose to file under another name, please make the appropriate correction throughout the document(s).

Please return 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.

Karen A Saly
Regulatory Specialist II

Letter Number: 114A00002018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JOEY BISH 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:

HERB BRIGGS CPA

Name of Person

THE TAX GUY

Firm/Company

5208 66TH STREET N SUITE A

Address

ST PETERSBURG FL 33709

City/State and Zip Code

HERB@TAXGUYBAS.COM

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

For further information concerning this matter, please call:

HERB BRIGGS CPA

Name of Person

727 343-1398

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

FILED
2014 FEB 17 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JOEY BISH 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 AUGUST 5TH 2013 and assigned
Florida document number L13000110189.

This amendment is submitted to amend the following:

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

~~J & J TRUCKING OF FLORIDA LLC~~ J & J BISH TRUCKING 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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

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:

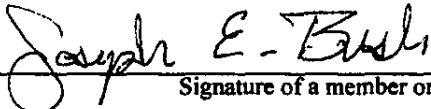
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JACQUELINE BISH	3072 WHEELER LN	<input checked="" type="checkbox"/> Add
		CHIPLEY FL 32428	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

Dated JANUARY 21ST, 2014



Signature of a member or authorized representative of a member

JOSEPH BISH

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00