## L130001 70072

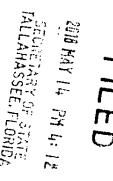
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## **COVER LETTER**

	gistration Sect vision of Corpo			
SUBJECT:	Joalico Servi	ces, LLC		
SUBJECT		Name of Limited Liability Company		
The enclosed	d Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspond	lence concerning this matter	to the following:	
		Alicia Cobielles		
			Name of Person	<del></del>
		Joalico Services, LLC		
			Firm/Company	<del></del>
		3060 Blaine Circle		
			Address	
		Deltona, FL 32738		
			City/State and Zip Code	· <del></del>
		alicobielles@gmail.com		
		E-mail address: (	to be used for future annual report notif	ication)
For further in	nformation con	cerning this matter, please ca	all:	
Alicia Cobio	elles		407 448-2209	
	Name of F	erson	at () Area Code Daytime	: Telephone Number
Enclosed is a	a check for the	following amount:		
■ \$25.00 F	iling 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

	Joalico Services, LLC	
( <u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L13000170072	ty Company were filed on 12/6/2013	and assigned
This amendment is submitted to amend the following	g:	,
A. If amending name, enter the new name of the	limited liability company here:	
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:	·	
(Principal office address MUST BE A STREET AL	ODRESS)	
,		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX		-
		·
B. If amending the registered agent and/or registered agent and/or the new registered office a	<del></del>	er the name of the new
registered agent and/or the new registered office a	audress nere:	EC SOL
Name of Nau Pagistared Agents		
Name of New Registered Agent:		SS
New Registered Office Address:	Enter Florida street address	
		Fig.
	, Florida, Florida	Dozzin Crode
	Cuy	Ex Zip Cour

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

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>	<u>Name</u>	<u>Address</u>	Type of Action
MMBR	Jose Cobielles		Add
			☐ Remove
		3060 Blaine Circle, Deltona, FL 32	Change
MMBR	Alicia Cobielles		
			□ Remove
		3060 Blaine Circle, Deltona, FL 32	☐ Change
MMBR	Giovanni Cobielles	324 SW 22 Street, Fort Lauderdale.	
			Remove
			Change
			Add
			Remove
		· · · · · · · · · · · · · · · · · · ·	Change
		- · · · · · · · · · · · · · · · · · · ·	□ Add
			□ Remove
			Change
		. <u></u>	Add
			☐ Remove
			Change

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>	<u>Name</u>	Address	Type of Action
MMBR	Jose Cobielles		Add
			Remove
		3060 Blaine Circle Deltona, FL 327 38	Change
MMBR	Alicia Cobielles		
			□ Remove
		3060 Blaine Circle, Deltona, FL 32738	Change
MMBR	Giovanni Cobielles	324 SW 22 Street, Fort Lauderdale, FL 33315	Add
			Remove
			Change
			Add
			Remove
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Effective date, if other th	an the date of filing:	(optional)
(If an effective date is listed, the Note: If the date inserted in	ate must be specific and cannot be prior to date of filing or more to this block does not meet the applicable statutory filing red to the Department of State's records.	than 90 days after filing.) Pursuant to 605.0207 (3
the record specifies a d ) The 90th day after th	elayed effective date, but not an effective time e record is filed.	e, at 12:01 a.m. on the earlier of:
Dated May 3rd	2018	
	Micia Cobully	
	Signature of a member or authorized representative of a	member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00