

L14 0000 22537

(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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Office Use Only



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MAY - 5 2014

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FILED
2014 APR 28 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 21, 2014

JOSEPH PETRUZZI
14788 CANTON CT
NAPLES, FL 34114

SUBJECT: JOEY P'S LLC
Ref. Number: L14000022537

We have received your document for JOEY P'S 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 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 unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L05000016950.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

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

Tammi Cline
Regulatory Specialist II

Letter Number: 514A00007834

2014 APR 28 PM 3:47
DIVISION OF STATE
CORPORATIONS

RECEIVED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 11, 2014

JOSEPH PETRUZZI
14788 CANTON CT
NAPLES, FL 34114

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Regulatory Specialist II

Letter Number: 514A00007834

SECRETARY OF STATE
ALLAH ASSER, FLORIDA

2014 APR 28 PM 3:47

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Joey P's 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:

Joseph Petruzzi

Name of Person

Firm/Company

14788 Canton Ct

Address

Naples, FL 34114

City/State and Zip Code

goinsomewhere@comcast.net

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

For further information concerning this matter, please call:

Joseph Petruzzi

Name of Person

at **(239) 529-2974**

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

Joey P's 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 February 3, 2014 and assigned Florida document number L14000022537.

This amendment is submitted to amend the following:

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

JP's Home Services 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:

Same

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

Same

(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:

Same

New Registered Office Address:

Same

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 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 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	Linette Petruzzi	14788 Canton Ct	<input type="checkbox"/> Add
		Naples, FL 34114	<input checked="" 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"/> Add
			<input type="checkbox"/> Remove

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

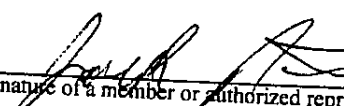
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

I would like to change the LLC name for Joey P's to JP's
Home Services LLC. The business is now operating as a
Handyman Service and is no longer a frozen desert
business. Linette Petruzzi is no longer employed as
manager

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 April 7 , 2014



Signature of a member or authorized representative of a member

Joseph Petruzzi

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2014 APR 22 PM 3:41
STATE OF FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA