

L140000 52475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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15 MAR -9 AM 10:54
TREASURY OF STATE
TALLAHASSEE FLORIDA

J Shivers MAR 10 2015

6358



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2015

PO JOE'S
1045 ALAMANDA LN
COCOA, FL 32922

SUBJECT: HEART & SOUL GRILL, LLC
Ref. Number: L14000052475

We have received your document for HEART & SOUL GRILL, 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 of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

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: 215A00003309

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

HEART and soul Grill 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 03/31/2014 and assigned
Florida document number L14000052475.

This amendment is submitted to amend the following:

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

POJOE'S 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)

1882 SW ERIE Street
Port Saint Lucie, FLORIDA
34953

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1882 SW ERIE Street
Port Saint Lucie, FLORIDA
34953

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:

DERAUL MARSHALL

New Registered Office Address:

1882 S.W ERIE Street

Enter Florida street address

Port Saint Lucie

Florida

City

34953
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.

Deraul Marshall
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	BARNETT, PAMELA	1045 ALAMANDA LANE COCOA, FL 32922	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
OWNER	MARSHALL, DERRAL	1882 S.W. Erie Street PONT SAINT LUCIE, FL 34953	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
CO-OWNER	MARSHALL, APRIL N.	1882 S.W. Erie Street PONT SAINT LUCIE, FL 34953	<input checked="" type="checkbox"/> Add <input 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
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TALLAHASSEE, FLORIDA

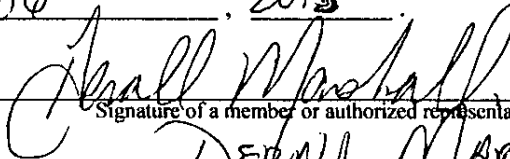
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I, DERRAL MARSHALL as owner
and APRIL N. MARSHALL as co-owner.

E. Effective date, if other than the date of filing: ~~03/01/2015~~ (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 March 06, 2015



Signature of a member or authorized representative of a member

DERRAL MARSHALL
Typed or printed name of signer

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Filing Fee: \$25.00

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