

L14000089379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

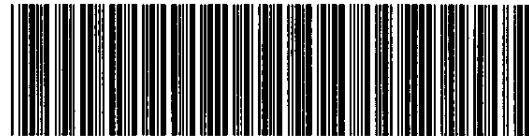
(Business Entity Name)

(Document Number)

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2014 JUL 18 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AL. Sullivan JUL 18 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Josefina 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:

Dariana Scalia
Name of Person

Firm/Company

21240 NE 3rd ct.
Address

North Miami Beach FL 33179
City/State and Zip Code

DScalia03@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dariana Scalia at (305) 206 - 1750
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

TO
ARTICLES OF ORGANIZATION
OF

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Josephina LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 6/4/14 and assigned
Florida document number L14000089379.

This amendment is submitted to amend the following:

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

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)

21240 NE 3rd Ct.

North miami beach FL 33179

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

21240 NE 3rd Ct.

North miami beach FL 33179

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:

Diana Scalia

New Registered Office Address:

21240 NE 3rd Ct.

Enter Florida street address

North miami beach

City

Florida 33179

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.

Diana Scalia
If Changing Registered Agent, Signature of New Registered Agent

Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

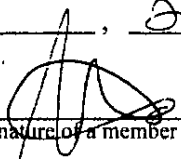
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Mariano S Emsani	21240 NE 3rd Ct.	<input type="checkbox"/> Add
		north miami beach FL 33179	<input checked="" type="checkbox"/> Remove
MGR	Diana Scallia	21240 NE 3rd Ct.	<input checked="" type="checkbox"/> Add
		north miami beach FL 33179	<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

Please remove Mariano Emsani from
mgr, registered agent, and authorized person
and replace with Dalana Scalia at 21240
NE 3rd Ct. North miami beach FL 33179

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 July 14, 2014.



Signature of a member or authorized representative of a member

Mariano Emsani

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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