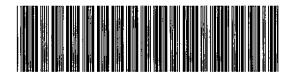
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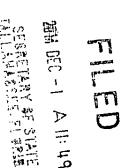
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B. BOSTICK
DEC **1 0** 2014

EXAMINER

COVER LETTER

TO: Registration & Division of Cor					
	JOY LLC				
SUBJECT:	Name of Lim	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	CHARLENE DEAL				
		Name of Person			
	AVMAR ACCOUNT	ING SERVICES			
•		Firm/Company		_	
	9 SW 13TH STREE	Т			
		Address			
	FT LAUDERDALE,	FL 3315			end)
		City/State and Zip Code			
	_	RACCOUNTING.COM			
	E-mail address: (to be used for future annual report notific	ation)		T
For further information c	oncerning this matter, please c	all:		E STATE A	
Lisa Marshall		954 764-0404		# F	
Name o	f Person		Telephone Numb	er	
Enclosed is a check for the	ne following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	Filing Fee, cate of Status & ed Copy nal 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

	<u>_</u>
any as it now appears on our records. Liability Company)	
y were filed on 06/19/2014	and assigned
bility company here:	
bility Company," the designation "LLC" or the ab	bbreviation "L.L.C."
<u> </u>	⊃ <u>P2</u> -
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্রন্ত এব বৈদ্য - ৩	
2637 E Atlantic Blvd #146	
Pompano Beach, FL 33062	<u> </u>
St. Fre	P 1
office address on our records, <u>enter (</u> re:	the name of the
Fator Florido atreat address	
Florida	
	bility company here: ability Company," the designation "LLC" or the all 2637 E Atlantic Blvd #146 Pompano Beach, FL 33062

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> Name Type of Action **Address** Ρ TAMI STEWART 9 SW 13TH STREET □ Add FT LAUDERDALE, FL 33315 ■ Remove **AMBR** TAMI STEWART 2637 E Atlantic Blvd #146 ■ Add Pompano Beach, FL 33062 ☐ Remove ☐ Add P Remove Remove □ Add ☐ Remove _□ Add ☐ Remove

ı	ding any other informa	tion, circs					. ,	
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the date th	his document is filed by the F NOVEMBER 24	lorida Departn	2014 2014 a member or auth	Orized represent	tative of a mer	nber	2章A DEC	

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