

L14+000103803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

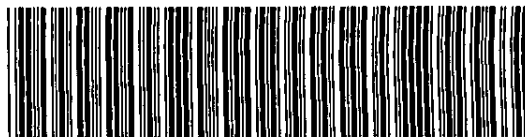
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200275491442

07/31/15--01017--019 \*\*30.00

FILED  
15 NOV 17 AM 11:26 JUL 31 PM 12:43  
CLERK OF STATE  
TALLAHASSEE, FLORIDA  
TALLAHASSEE, FLORIDA

NOV 17 2015

Y SULKER

Attention: Yasmine  
(850) 245-6030

COVER LETTER

\* Amendment \*

TO: Registration Section  
Division of Corporations

SUBJECT: Joyful Juicing, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Hannah Peterson

Name of Person

Joyful Juicing

Firm/Company

1035 Collier Centerway, #10

Address

Tallahassee, FL 34110

City/State and Zip Code

Hannah@JoyfulJuicing.com

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

For further information concerning this matter, please call:

Hannah Peterson at (561) 281 4802

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☐

\$130.00 Filing Fee &  
Certificate of Status

☐

\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐

\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RECEIVED

15 NOV 17 AM 10: 23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

15 NOV 17 AM 10: 55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 19, 2015

NICOLAS C FLNA  
1035 COLLIER CENTER WAY #10  
NAPLES, FL 34110

SUBJECT: JOYFUL JUICING LLC.  
Ref. Number: L14000103803

We have received your document for JOYFUL JUICING 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):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return 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.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 815A00017538

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

Joyful Juicing 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 June 30th 2014 and assigned  
Florida document number L14000103803.

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 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 ADDRESS)**

1035 Collier Center Way #10

Naples FL 34110

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1035 Collier Center Way #10

Naples FL 34110

**B. If amending the registered agent and/or registered office address on our records, enter the  
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

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 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>	<u>Type of Action</u>
AMBR	Daniel L Doerr	600 Admiralty Parade Naples, FL 34102	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Marceia L Arena	300 5th Ave South 101-322 Naples, FL 34102	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Eric James Morgan	12809 Topping Meadows St Louis, MO 63131	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jack O'Neill Winfield	823 Cessena Rd Naples, FL 34108	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Mitchell Albert Winfield	823 Cessena Rd Naples, FL 34108	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SEE ATTACHMENT

RECEIVED  
13 NOV 2012 AM 11:26  
STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

15 NOV 17 AM 11:26  
DEPT. OF STATE  
MAIL ROOM  
WASHINGTON, D.C.

RECEIVED  
15 NOV 17 AM 11:26  
U.S. DEPT. OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D.C. 20535

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 11/17/15

**Filing Fee: \$25.00**

TITLE	NAME	ADDRESS
MGR	Hannah Peterson	27317 Horne Avenue Bonita Springs, FL 34135
MGR	Nicolas Fina	27317 Horne Avenue Bonita Springs, FL 34135
MGR	Evonn Peterson	1035 Collier Center Way #10, Naples FL 34110
AMBR	Jack O'Neill Winfield	823 Cessena Road, Naples FL 34108
AMBR	Mitchell Winfield	823 Cessena Road, Naples FL 34108
AMBR	Eric James Morgan	12809 Topping Meadows, ST. LOUIS, MO 63131
AMBR	Marcia Arena	300 5th Avenue South 102-322 Naples, FL 34102
AMBR	Daniel Doerr	600 Admiralty Parade, Naples, FL 34102