

L14 000167807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

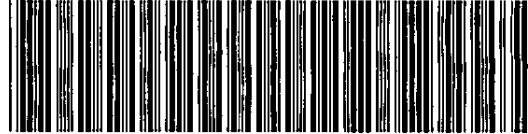
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 21 2015

J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Joyful Juicing, 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:

Nicolas Fina

Name of Person

Joyful Juicing, LLC

Firm/Company

1035 Collier Center Way, #10

Address

Naples, FL 34110

City/State and Zip Code

nicolas@joyfuljuicing.com

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

For further information concerning this matter, please call:

Hannah Peterson

561 281-4802
at (_____) _____

Name of Person

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

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>
MGR	Federico Intrigo	9705 NW 108 th Ave	<input checked="" type="checkbox"/> Add
		Suite 19 Miami, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Nicolas Fina	1035 Collier Center Way	<input checked="" type="checkbox"/> Add
		#10	<input type="checkbox"/> Remove
		NAPLES FL 34110	<input type="checkbox"/> Change
MGR	Daniel L. Doere	1035 Collier Center Way	<input type="checkbox"/> Add
		#10	<input checked="" type="checkbox"/> Remove
		NAPLES FL 34110	<input type="checkbox"/> Change
MGR	CLAY Winfield	1035 Collier Center Way	<input checked="" type="checkbox"/> Add
		#10	<input checked="" type="checkbox"/> Remove
		NAPLES FL 34110	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 12/12/15 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 12/14/2015

Signature of a member or authorized

Signature of a member or authorized representative of a member

Nicolas Fina

Typed or printed name of signee