

L14000144455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

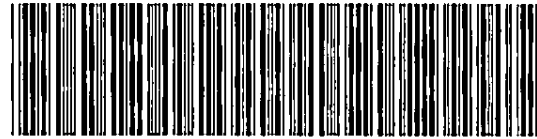
(Business Entity Name)

(Document Number)

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2022 JUL 18 PM 4:25
TALLAHASSEE, FLORIDA

OCT 10 2022
S. PRATHE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Joe Blo of Florida 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:

Robert R. Foster

Name of Person

Robert R. Foster, Attorney

Firm/Company

108 W. Rich Ave.

Address

Deland, FL 32720

City/State and Zip Code

rfoster@fosterlawdeland.com

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

For further information concerning this matter, please call:

Robert R. Foster

386

734-8224

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

JO BLO OF FLORIDA 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 September 15, 2014 and assigned

Florida document number L14000144455

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)

2065 Village Crest Dr., N. W.

Atlanta, GA 30318-1066

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

c/o Jordan Ashley Carney

2065 Villlage Crest Dr., N. W.

Atlanta, GA 30318-1066

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:

Robert R. Foster

New Registered Office Address:

108 West Rich Ave.

Enter Florida street address

DeLand

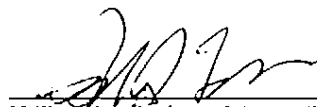
City

Florida 32720

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>
Manager	Jordan Ashley Carney	2065 Village Crest Dr., N.W., Atlanta, GA 30318	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Manager	Terrence J. Carney (DECEASED)	712 Hartley Ave., Deltona, FL 32725	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Attached: Death Certificate, Letters of Administration and Special Meeting of Shareholders

[illegible]

E. Effective date, if other than the date of filing: February 20, 2022 (date of death) (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 May 20 . 2022


Signature of a member of _____

Signature of a member or authorized representative of a member

Jordan Ashley Carney

Typed or printed name of signee

SALE
FLORIDA
SEE, FLORIDA

2022 JUL 18 PM 4:25

175