

L14000170252

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

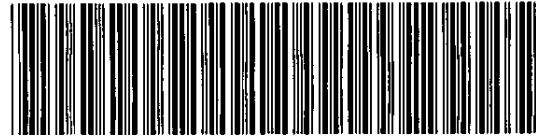
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

AUG 19 2015

Y SULKER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JOVI FREIGHTS 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:

JOAO VITO CARVALHO TAURISANO

\_\_\_\_\_  
Name of Person

JOVI FREIGHTS LLC

\_\_\_\_\_  
Firm/Company

8751 COMMODITY CIRCLE SUITE 11

\_\_\_\_\_  
Address

ORLANDO, FL 32819

\_\_\_\_\_  
City/State and Zip Code

JVTAURISANO@GMAIL.COM

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

For further information concerning this matter, please call:

JOAO VITO TAURISANO

407 520-2308  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
15 AUG 10 PM 3:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

July 29, 2015

JOAO VITA CARVALHO TAURISANO  
8751 COMMODITY CIRCLE SUITE 11  
ORLANDO, FL 32819

SUBJECT: JOVI FREIGHTS LLC  
Ref. Number: L14000170252

We have received your document for JOVI FREIGHTS LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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: 815A00015955

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

JOVI FREIGHTS 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 11/03/2014 and assigned  
Florida document number LI4000170252.

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 "L.L.C." or the abbreviation "L. L. C."

**Enter new principal offices address, if applicable:**

8751 COMMODITY CIRCLE SUITE 11

**(Principal office address MUST BE A STREET ADDRESS)**

ORLANDO, FL 32819

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

8751 COMMODITY CIRCLE SUITE 11

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

ORLANDO, FL 32819

**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:

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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15 AUG 10 PM 4:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

15 AUG -10 PM 4:18  
OFFICE OF STATE  
ATTORNEY GENERAL  
TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 JULY, 21 2015

Signature of a member or authorized representative of a member

JOAO VITO CARVALHO TAURISANO

Typed or printed name of signee