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## **COVER LETTER**

то:	Registration Se Division of Cor	ction porations		
CUD 152				
SUBJE	UI;	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Rose Palano		
			Name of Person	ress  d Zip Code  uture annual report notification)  3 748-7677 a Code Daytime Telephone Number  Filing Fee & \$60.00 Filing Fee, Certificate of Status &
		Name of Limited Liability Company  of Amendment and fee(s) are submitted for filing.  spondence concerning this matter to the following:  Rose Palano  Name of Person  Joeva, LLC  Firm/Company  3959 Van Dyke Rd # 386  Address  Lutz, FL 33558  City/State and Zip Code rose.palano@gmail.com  E-mail address: (to be used for future annual re on concerning this matter, please call:  at (		
Firm/Company				
		3959 Van Dyke Rd # 386		
			Address	
		Lutz, FL 33558		nytime Telephone Number  \$60.00 Filing Fee, Certificate of Status Certified Copy
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
- 4 .	Name of Limited Liability Company  closed Articles of Amendment and fee(s) are submitted for filing.  Rose Palano  Name of Person  Joeva, LLC  Firm/Company  3959 Van Dyke Rd # 386  Address  Lutz, FL 33558  City/State and Zip Code rose.palano@gmail.com  E-mail address: (to be used for future annual report notification)  ther information concerning this matter, please call:  alano  Name of Person  Name of Person  Name of Person  Area Code  Daytime Telephone Number  at (a) 30.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (certified Copy (certified Copy)  Certified Copy (certified Copy)  Certified Copy (certified Copy)			
For furth	ner information co	oncerning this matter, please c	all:	
Rose Pa	lano		: : :	
	Name of	f Person		Telephone Number
Enclosed	d is a check for th	ne following amount:		
\$25.	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

Joeva, LLC					
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited I	Liability Company	were filed on 6/8/2015	and assigned		
This amendment is submitted to amend the fo	lowing:				
A. If amending name, enter the new name	of the limited lial	oility company here:			
The new name must be distinguishable and contain the	words "Limited Liabs	ility Company," the designation "LLC" o	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		3959 Van Dyke Rd # 386  Lutz, FL 33558			
Mailing address MAY BE A POST OFFICE	<u>s BUX)</u>				
B. If amending the registered agent and registered agent and/or the new registered of			enter the name of the ne		
Name of New Registered Agent:	Rose Palano				
New Registered Office Address:	3959 Van Dyk	<del></del>			
		Enter Florida street address			
	Lutz		ida <sup>33558</sup>		
		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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Carly Lambert	3864 Hawkeye Circle	□ Add
		Sarasota, FL 34232	<b>≅</b> Remove
			Change
MGR	Rose Palano	3959 Van Dyke Rd # 386	Add
		Lutz, FL 33558	Remove
			Change
	<del></del>		Add
		<del></del>	Remove
			Rentitive  Change  Add  Remove
			Change
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Effective date, if other than t If an effective date is listed, the date is	nust be specific and cannot be p	prior to date of file	ng or more than 90 days	optional) after filing.) Pursuant	to 605.020
<u>Note:</u> If the date inserted in this document's effective date on the	block does not meet the appropriate Department of State's reco	plicable statutor rds.	y filing requirements	s, this date will not b	e listed a
he record specifies a delay	red offective date but	not an offoc	tivo timo at 12:	01 2 m on the 6	arliar a
The 90th day after the re		not an enec	tive time, at 12.	or a.m. on the t	arner C
	2017				
Dated Sept 18	2017				

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Typed or printed name of signee

Filing Fee: \$25.00