# L15000171479

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	-





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### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 2, 2016

AUDREY ABRAHAM P.O. BOX 15374 SARASOTA, FL 34277

SUBJECT: JOY&A LANDSCAPING LLC

Ref. Number: L15000171479

We have received your document for JOY&A LANDSCAPING LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is P13000087267 JOYA PROFESSIONAL SERVICES INC.

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.

Letter Number: 516A00002260

Stacey M Mason Regulatory Specialist II

}

## **COVER LETTER**

	gistration Sec vision of Corp				. '
		ndscaping LLC			
SUBJECT:		Name of Limit	ed Liability Company		
	· <b>/</b> /*				
The enclose	ed Articles of A	Amendment and fee(s) are subn	nitted for filing.		
Please retur	n all correspo	ndence concerning this matter to	o the following:		
		Audrey Abraham			
			Name of Person	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	
		JOY&A Landscaping LLC			
			Firm/Company	<u></u>	
		PO Box 15374			
			Address		
		Sarasota, FL 34277			
			City/State and Zip Code		
		aabraham@vengroffwilliams			
		E-mail address: (to	be used for future annual report not	ification)	
For further	information co	oncerning this matter, please ca	11:		
Audrey Ab	raham		941 539-8092 at ( )		
Name of Person Area Code Daytime Telephone Number			ne Telephone Number		
Enclosed is	a check for th	e following amount:			
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Certificate of Certified Copy (additional copy)	f Status & oy

### 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

JOY&A Landscaping LLC			
( <u>Name of the Limited Lia</u> (A Flo	ibility Company as it now appea orida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liabilit Florida document number L15000171479	ry Company were filed on 16	)-8-2015	_ and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company h	<u>iere</u> :	
JOYA Property Mar	ragement L	1 C	winting % I C "
		designation LLC of the above	eviation L.L.C.
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL	ODRESS)		
	<del></del> _		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	2		•
B. If amending the registered agent and/or re	egistered office address o	n our records, enter tl	ne name of the new
registered agent and/or the new registered office		<u></u>	
Name of New Registered Agent:			
New Registered Office Address:	Enter Fl	orida street address	
	3,00,17		
<del>-</del>	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Regist	tered Agent:		
I hereby accept the appointment as registered ago provisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	nd complete performance of ad agent as provided for in tered office address, I here age.	of my duties, and I amfan Chapter 605; F.S. Gr., if eby confirm that the limit ASSE OF S	niliar with and this document is ted <u>lia</u> bility
	If Changing Registered A	Agent, Signature of New Regi	stered 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:

<u>Title</u>	<u>Name</u>	Address		Type of Action
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				Remove
				Change
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				□ Remove
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ctive date if other than t	the date of filing:			(antions	al)
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Filing Fee: \$25.00