## 44000008094

(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	: #)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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S. HARRIS

## **COVER LETTER**

TO:	Registration Se Division of Cor				
(12.123.24	Joy Inflatah				
SUBJI	ECT:	Name of Lim	ited Liability Company	<del></del>	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		Joshua Dwayne Henson			
			Name of Person		
			Firm/Company		
		2413 La Lar Un			
			Address		
		Pensacola, FL 32534			
	City/State and Zip Code				
		contact.joyinflatables@gma		· · · · · ·	
		E-mail address: (	to be used for future annual report notifi	ication)	
For fu	rther information e	oncerning this matter, please ca	all;		
Joshua	a Henson		850 843-4913 at ()		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclos	sed is a check for th	ne following amount:			
<b>■</b> \$2	5.00 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

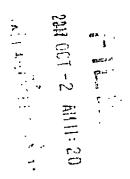


June 14, 2017

JOSHUA DWAYNE HENSON 2413 LA LAR LN PENSACOLA, FL 32534

SUBJECT: JOY INFLATABLES, LLC

Ref. Number: L16000008094



We have received your document for JOY INFLATABLES, LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist III

Letter Number: 817A00012007

There was a money order attached the original documents. It was lost.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company) (A Florida Limited Liability Company) he Articles of Organization for this Limited Liability Company lorida document number 1.16000008094			and	assigned
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited liab	oility company here:			
he new name must be distinguishable and contain the words "Limited Liabi		" or the abbr	eviation	"L.1C."
nter new principal offices address, if applicable:	6819 FORT DEPOSIT DR			
Principal office address MUST BE A STREET ADDRESS)	PENSACOLA, FL 32526	<u></u>	مين: دادة	tu f
		• • • • • • • • • • • • • • • • • • • •	130	\$ : emin_
		ę- <u>,</u>	5	7
nter new mailing address, if applicable:	6819 FORT DEPOSIT DR	2.	יית	<u>.</u>
Mailing address MAY BE A POST OFFICE BOX)	PENSACOLA, FL 32526	<del></del>		
daning dadiess birt DE A 1931 OF FICE DOA		•	- <del>::</del> -	
			<del></del> ;-	

## 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.

City

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>	Address	Type of Action
AMBR	JOSHUA DWAYNE HENSON	2413 LA LAR LN	
		PENSACOLA, FL 32534	Remove
			Change
AMBR	DINA RENELL HENSON	2413 LA LAR LN	Add
		PENSACOLA, FL 32534	■ Remove
			☐ Change
AMBR	MYRON KEVIN JENNINGS	6819 FORT DEPOSIT DR	Add
		PENSACOLA, FL 32526	☐ Remove
			□ Change
			☐ Remove
			☐ Change
			Remove
			Change
			Add ©
			☐ Remove
			_□ Change

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.	_		
E. Effective date, if other than the date of filing:			
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Filing Fee: \$25.00