

L16 0000 32681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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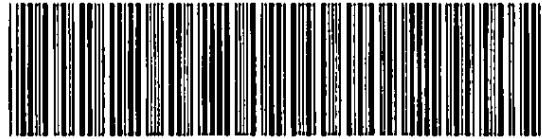
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
18 JAN 8 PM 10:47

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Joels Dawgs 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:

Joseph Schrader

Name of Person

Joel's Dawgs LLC

Firm/Company

Jensen Beach, Florida 34957

Address

Joe@JoelsDawgs.com

City/State and Zip Code

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

For further information concerning this matter, please call:

Joseph Schrader

Name of Person

at ( 772 )

Area Code

444-1230

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  
266 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Joc's Dawgs LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 02/16/2016 and assigned  
Florida document number 16000032681

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)

9946 S Ocean Dr. 95  
Jensen Beach Florida 34957

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Joseph Schrader

New Registered Office Address:

9940 S Ocean Dr. 95

Enter Florida street address

Jensen Beach

Florida

34957

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.

Joseph Schrader  
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>                      |
|--------------|--------------|----------------------------|--|
| MGR          | Doris Garcia | 9950 S Ocean Dr. apt. 109  | <input type="checkbox"/> Add               |
|              |              | Jensen Beach Florida 34957 | <input checked="" type="checkbox"/> Remove |
|              |              |                            | <input type="checkbox"/> Change            |
|              |              |                            | <input type="checkbox"/> Add               |
|              |              |                            | <input type="checkbox"/> Remove            |
|              |              |                            | <input type="checkbox"/> Change            |
|              |              |                            | <input type="checkbox"/> Add               |
|              |              |                            | <input type="checkbox"/> Remove            |
|              |              |                            | <input type="checkbox"/> Change            |
|              |              |                            | <input type="checkbox"/> Add               |
|              |              |                            | <input type="checkbox"/> Remove            |
|              |              |                            | <input type="checkbox"/> Change            |
|              |              |                            | <input type="checkbox"/> Add               |
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|              |              |                            | <input type="checkbox"/> Add               |
|              |              |                            | <input type="checkbox"/> Remove            |
|              |              |                            | <input type="checkbox"/> Change            |

[illegible]

18 JAN 8 PM 10:36

FIELD  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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.

Dated 01/03/2018

Joseph Schuder  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Joseph Schrader

Typed or printed name of signee