

L16000054629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

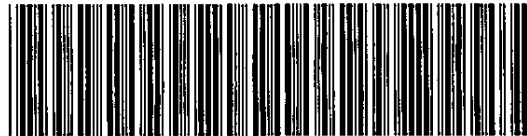
(Business Entity Name)

(Document Number)

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07/22/16--01004--005

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUL 22 PM 3:04

JUL 25 2016

S. YOUNG

Dear Registration Office;
I am requesting a change of address for my
Company Joe Wall Design LLC. I have included
the paperwork and \$25.00 fee. Please call, email, or
mail me back a confirmation or connect with me
if I've filled out the paperwork incorrectly.

Thank you,

Christen Jale

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUL 22 PM 3:04

Cell 648-580-3730

email Christen@joealldesign.com

New Address:

333 Las Olas Way CU[#]1
Fort Lauderdale, FL
33301, FL

7.15.16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Joe Wall Design 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:

Christen Gates

Name of Person

Joe Wall Design LLC

Firm/Company

333 Las Olas Way, CU#1

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

Christen@joewalldesign.com

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

16 JUL 22 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Christen Gates

Name of Person

at (618) 580-3730

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

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

Joe Wall Design 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 2016 and assigned
Florida document number 16-8016956841-5.

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)

333 Las Olas Way, CU#1
Fort Lauderdale, FL
33301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

333 Las Olas Way, CU#1
Fort Lauderdale, FL
33301

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
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[Handwritten signature/initials across the Name column]

16 JUL 2016
PH 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Joe Wall Design LLC
Att: Christen Gates
333 Las Olas Way, CU1
Fort Lauderdale, FL
33301

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 JUL 22 PM 3:04

E. Effective date, if other than the date of filing: 7.15.16 (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 7.15.16, _____.

Christen Gates

Signature of a member or authorized representative of a member

Christen Gates

Typed or printed name of signee