

L16000077687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

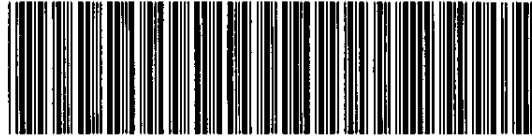
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2016 OCT 18 AM 11:36

FILED

K. SALY
OCT 19 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 29, 2016

JOANNA MARLOW VIP CONNECTIONS, LLC
JOANNA HANCZARUK
100 E LINTON BLVD, STE. 501
DELRAY BEACH, FL 33483

SUBJECT: JOANNA MARLON VIP CONNECTIONS, LLC
Ref. Number: L16000077687

RECEIVED
2017 OCT 18 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for JOANNA MARLON VIP CONNECTIONS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 316A00020986

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOANNA MARLON VIP CONNECTIONS 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:

JOANNA HANCZARUK

Name of Person

Firm/Company

100 E LINTON BLVD STE 501

Address

DELRAY BEACH, FL 33483

City/State and Zip Code

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

For further information concerning this matter, please call:

JOANNA HANCZARUK

561 843-0219

at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

JOANNA MARLON VIP CONNECTIONS LLC

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

FILED
2016 OCT 18 AM 11:36
DELRAY BEACH, FLORIDA
CLERK OF DISTRICT COURT

The Articles of Organization for this Limited Liability Company were filed on 04/19/2016 and assigned
Florida document number L16000077687.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

JOANNA MARLOW VIP CONNECTIONS, LLC

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)

100 E LINTON BLVD STE 501

DELRAY BEACH, FL 33483

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

100 E LINTON BLVD STE 501

DELRAY BEACH, FL 33483

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:

JOANNA HANCZARUK

New Registered Office Address:

100 E LINTON BLVD STE 501

Enter Florida street address

DELRAY BEACH

City

Florida 33483

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>
MGR	JOANNA HANCZARUK	22053 PALMS WAY APT 203	<input type="checkbox"/> Add
		BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOANNA HANCZARUK	100 E LINTON BLVD STE 501	<input checked="" type="checkbox"/> Add
		DELRAY BEACH, FL 33483	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
20 OCT 18 PM 11:36
CLERK OF DISTRICT COURT
STATE OF FLORIDA

2006 OCT 19
STONHAMPTON
SALINARIAS

FILED
2019 OCT 18 AM 11:36
CLERK OF DISTRICT COURT
JULIA H. HARRIS

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 10.13.16

Typed or printed name of signee