

8/8/2018

Division of Corporations

L16000160288

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000230927 3)))



H180002309273ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : THERREL BAISDEN, LLP
Account Number : 120140000065
Phone : (305)371-5758
Fax Number : (305)371-3178

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: klandauc@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JOYCE'S DELIGHTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

FILED
18 AUG -8 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 AUG -8 PM 3:04

Electronic Filing Menu

Corporate Filing Menu

Help

H18000230927

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
			<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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 AUG - 8 AM 8:29
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

H18000230927

H18000230927

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

FILED
18 AUG -8 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Effective date, if other than the date of filing: _____ (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 ACS 80977 (3)(b)

Notes: If the date framed 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.

(b) The 90th day after the record is filed.

(dated) August 8, 2018.

Signature of a member or authorized representative of a member

JOYCE LANDAU

Types of patient name of origin

418000230927