

L170000 15310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

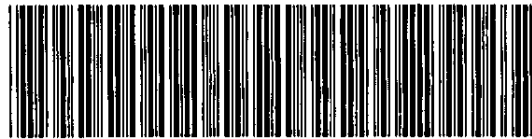
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100293476701

01/25/17--01014--002 **25.00

FILED
17 JAN 25 AM 7:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



BERLIN | PATTEN | EBLING

ATTORNEYS AT LAW

Reply to: Melanie Guarnieri
mguarnieri@berlinpatten.com

January 24, 2017

VIA FEDERAL EXPRESS

Division of Corporations
Attn: Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301


Re: Jovine, LLC

Dear Sir/Madam:

Enclosed herewith please find the Articles of Amendment to Articles of Organization of Jovine, LLC, together with Check No. 4957 in the amount of \$25.00 which represents the filing fee due.

Please contact me immediately if there is a problem and the filing cannot be processed in a timely manner.

Sincerely,


Melanie Guarnieri, Florida Registered Paralegal
For the Firm

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Jovine, 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:

Jamie A. Ebling, Esq.

Name of Person

Berlin Patten Ebling, PLLC

Firm/Company

3700 S. Tamiami Trail, Suite 200

Address

Sarasota, FL 34239

City/State and Zip Code

karimsaad84@gmail.com

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

For further information concerning this matter, please call:

Jamie A. Ebling, Esq.

941

954-9991

at ()

Name of Person

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**

Jovine, 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 January 19, 2017 and assigned
Florida document number L17000015310.

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:

6454 Baytown Drive

(Principal office address MUST BE A STREET ADDRESS)

Sarasota, FL 34240

Enter new mailing address, if applicable:

6454 Baytown Drive

(Mailing address MAY BE A POST OFFICE BOX)

Sarasota, FL 34240

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

RECEIVED
17 JAN 25 AM 7:45
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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>
AMBR	Nevine Bebawi	2 Onslow Gardens	<input type="checkbox"/> Add
		London, UK SW7 3-LX UK	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Karim Farid Saad	6454 Baytown Drive	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34240	<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

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

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed in the document's effective date on the Department of State's records.

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

Dated January 24 2017

Signature of a member or authorized representative of a member

Nevine Behawi, Authorized Member

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA