

L17000167862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

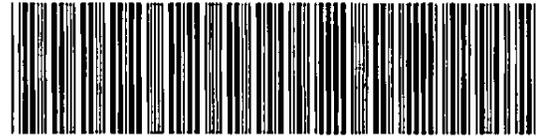
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/06/17--01013--003 **25.00

DEPT. OF STATE
ATTN: ASSIST. REGISTRAR

2017 SEP -6 PM 2:06

FILED

K. SALY
SEP -7 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Joseph & James Properties, 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:

Nathanael Brown

Name of Person

Joseph & James Properties, LLC

Firm/Company

1121 42nd Ave N

Address

St. Petersburg, FL 33703

City/State and Zip Code

Nathan@ParkPropertyGroup.com

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

For further information concerning this matter, please call:

Nathanael Brown

727 463-6303
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

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	Philip L. & Victoria L. Dickhaus REV Trust	4650 Waterford Ct NE	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33703	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 2011 SEP 6 PM 2:06
 COUNTY CLERK
 HILLSBOROUGH COUNTY
 FLORIDA

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

Multiple horizontal lines for amending information.

2017 SEP -6 PM 2:06
FILED
TAMM HALL, MONTGOMERY COUNTY, MARYLAND

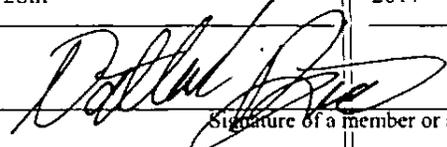
E. Effective date, if other than the date of filing: _____ (optional)

(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 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 August, 28th 2017



Signature of a member or authorized representative of a member

Nathanael Brown

Typed or printed name of signee