

L17000199657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

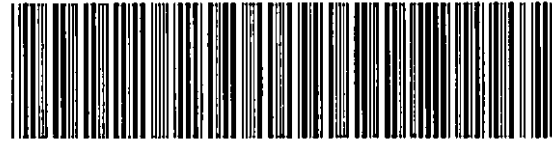
(Business Entity Name)

(Document Number)

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2021 OCT 25 PM 3:45

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** JOKO, 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:

RICHARD TOLEDO, ESQ  
Name of Person

\_\_\_\_\_  
Firm/Company

999 BRICKELL AVE, SUITE PH1101  
Address

MIAMI, FLORIDA 33131  
City/State and Zip Code

P.VITOLLO@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD TOLEDO at (305) 904-1901  
Name of Person Area Code Daytime Telephone Number

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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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

JOKO, 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 9/26/2017 and assigned Florida document number L17000199657.

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)*

12505 SW 112 CT.

MIAMI, FLORIDA 33176

Enter new mailing address, if applicable:

*(Mailing address MAY BE A POST OFFICE BOX)*

12505 SW 112 CT.

MIAMI, FLORIDA 33176

**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:

PAOLA P. VITOLO

New Registered Office Address:

12505 SW 112 CT

*Enter Florida street address*

MIAMI

*City*

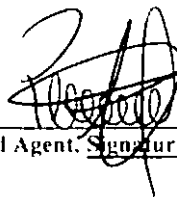
Florida

33176

*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>
<u>MGR</u>	<u>SAAR E. KOLBAR</u>	<u>20890 NE 32<sup>nd</sup> Ave.</u>	<input type="checkbox"/> Add
		<u>Aventura, FL 33180</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>PAOLA P. VITOLO</u>	<u>12505 SW 112 CT</u>	<input checked="" type="checkbox"/> Add
		<u>MIAMI, FL 33176</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>CARLOS THORMAHLER</u> <u>WALLIS</u>	<u>12505 SW 112 CT</u>	<input checked="" type="checkbox"/> Add
		<u>MIAMI, FL 33176</u>	<input type="checkbox"/> Remove
		_____	<input checked="" 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

12/13/11  
12:15  
STC  
PH  
11/15/11

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

Blank lined area for amending information, crossed out with a diagonal line.

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FBI

E. Effective date, if other than the date of filing: October 19 | 2021 (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 October 19, 2021

*Richard Toledo Esq.*

Signature of a member or authorized representative of a member

RICHARD TOLEDO - AUTHORIZED REPRESENTATIVE

Typed or printed name of signee