

L18000248002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

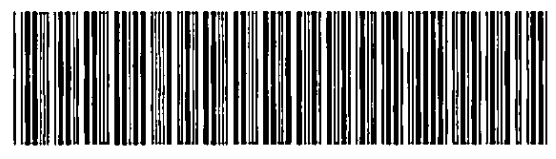
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700320006587

10/29/18--01018--020 \*\*25.00

FILED  
2018 OCT 29 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Handwritten initials and date: JCS 11-20-18

## COVER LETTER

**TO: Registration Section**  
**Division of Corporations**

**SUBJECT:** JOSH & EAGLE STRIPES 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:

Jorge A Noureddin  
Name of Person  
JOSH & EAGLE STRIPES LLC  
Firm/Company  
2753 Creekmore CT  
Address  
Kissimmee, Florida 34746  
City/State and Zip Code  
jorge.noureddin@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jorge A Noureddin at ( 305 ) 721-7771  
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**

JOSH & EAGLE STRIPES 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 22 OCT 2018 and assigned Florida document number L18000248002.

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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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

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

018 OCT 29 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**FILED**

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	Jorge A Nouredin	2753 Creekmore CT, Kissimmee, Florida 34746	<input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove  <input type="checkbox"/> Change
MGR	Cindy Paola Nouredin	2753 Creekmore CT, Kissimmee, Florida 34746	<input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove  <input type="checkbox"/> Change
MGR	Joshua Emmanuel Nouredin	2753 Creekmore CT, Kissimmee, Florida 34746	<input checked="" 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

2018 OCT 29 PM 3:17  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**FILED**

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: Oct 25, 2018 (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 day of:
(b) The 90th day after the record is filed.

FILED
2018 OCT 29 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated October 25 2018

Signature of a member or authorized representative of a member
Jorge A Nouredin
Typed or printed name of signer