

(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

1092-523-611



500333519465

09/09/19--01092--094 ++25.00

2019 SET 26 PM 5: 36

0 001777 007 - 9 2019

COVER LETTER

SUBJECT: Jo	Palador LL	\subseteq		
	Name of Limit	ed Liability Company		
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.		
Please return all corresponde	ence concerning this matter to	o the following:		
	Darlens O	Name of Person	oz , mos	Andoy
	Jo Pa	lader LL	<u></u>	_
Old Advesse		ven Firm/Company		
2242 Garfield She 33020 Hollywood	et 1701 N	IW 46,4V	re.	
33020 Hollywood)	Address		
	`	ander hill	33313	
	00 10.0	City/State and Zip Code	\	
-	E-mail address: (to	be used for future annual	report notification)	
For further information cone	erning this matter, please cal	l:		
Darline Or Name of Pe	robn i	at (305)	676112 Daytime Telepho	ne Number
Enclosed is a check for the fo	ollowing amount:			
□ \$25.00 Filing Fee 【	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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



September 19, 2019

DARLENE DOS SOCORRO DO AUYOS AZULEY 2242 GARFIELD STREET HOLLYWOOD, FL 33020

SUBJECT: JO PALADAR LLC Ref. Number: L18000280857

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The current name of the entity is as referenced above. Please correct your document accordingly.

The entity's date of incorporation/organization must be listed in the document.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 519A00019440

Claretha Golden Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(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 Florida document number \(\lambda \) \(\la 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." 1701 NW 46 AVE AD 107 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: Pedro David dos Aujos Azulay 1701 NW 46 Ave Apt 107 Enter Florida street address Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Landechill Florida 33313

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>	Name	Address	Type of Action
MGR	Pedro David dos Anjes Azulay	1701 NW 46 Ave apt 10 Landerhill 33313 Floria	Add
	O O		Remove
			Change
			□ Remove
			□ Change
			O Add
			Remove
			Change
			
			Remove
			Change
			O Add
			🗆 Remove
			🗆 Change
			□ Add
			_□ Remove
			☐ Change

n enecu ite: If t	date, if other than the date of filing: 10/3/1/9 (optional) we 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at a seffective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
he 90	Oth day after the record is filed.
ted	·
	Caroll Control
	> \1 " / \
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Durling do Sour do Arys Aruley Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00