Division of Corporations Electronic Filing Cover Sheet

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 : (323)962-8600

: (323)962-3889 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

JOE'S 710 L.L.C.

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EXAMINER

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO: Registration Se Division of Cor						
JOE'S 710	L.L.C.					
SUBJECT:	Name of Lim	ited Liabitity Company	·			
•	Amendment and fee(s) are sub undence concerning this matter					
	Cheyenne Moselcy					
		Name of Person				
	Legalzoom.com, Inc.					
		Firm/Company				
	101 N. Brand Blvd., 110	th Floor				
		Address				
	Glendale, CA 91203				19	
	<u> </u>	City/State and Zip Code			19 JUL 25	
	vmigliorino@gmail.com				2	•
	E-mail address: (to be used for future annual report notifi	cation)			1
For further information of	concerning this matter, please o	all:		14	700	:
Cheyenne Moseley		800 773-0888 ex	t. 9724	:: []	टा .	
Name	of Person	Area Code Daytime	Telephone Number		0	
Enclosed is a check for t	he following ansount:					
□ \$25 00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate of Certified Co (additional cop	of Status &		
	ING ADDRESS:	STREET/COURTE Registration Section				

Division of Corporations P.O. Box 6327 Tullahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOE'S 710 L.L.C.				
(Name of the Elmited Liability Compar (A Florida Limited I	ny as it now appears on o lability Company)	ur records.)		
The Articles of Organization for this Limited Liability Company Florida document number $\frac{119000076542}{119000076542}$	were filed on 03/19/2	019	_ and assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
The new mane must be distinguishable and end with the words "Limited Liab	ility Company," the design	ation "LLC" or the abb	reviation "L.I	C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
			:: <u>:</u>	
			- 2 ⊆	
Enter new mailing address, if applicable:			<u> </u>	:
(Mailing address MAY BE A POST OFFICE BOX)				!
				-3-5
				٠
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our	records, enter th	e ziiame o	the ne
Name of New Registered Agent:				
N. D. Grand (Otto Address)				
New Registered Office Address:	Enter Florida str	ver adebyss	•	
		. Florida		
	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my a	haics, and I am fan	niliar with	and

If Changing Registered Agent, Signature of New Registered Agent

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 amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	David I. Crain	652 Powel! Drive NE	
		Fort Walton Beach, FL 32547	≝ Rепкоче
AMBR	Joeseph T. Migliorino	652 Powell Drive NE	& Add
		Fort Walton Beach, FL 32547	□ Remove
AMBR	Vincent T. Migliorin	652 Powell Drive NE	Add
		Fort Walton Beach, FL 32547	E Reombye
AMBR	Vincent T. Migliorino	652 Powell Drive NE	25 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Fort Walton Beach, FL 32547	Remaye
			
			Remove
			☐ Add
			□ Remove

If amending any other information, enter cha	inge(s) here: (Attach additional sh	eets, if necessary.)
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department of		(optional) than 90 days after
Dated JU19, 17		
Dated July 17		
		mber

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