

L19000 148971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

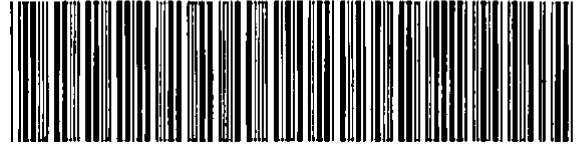
(Business Entity Name)

(Document Number)

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2019 SEP -6 AM 9:25  
TALLAHASSEE, FL  
OFFICE

SEP 17 2019

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JOHNNY NEW YORK 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:

JOSEPH, JOHN

\_\_\_\_\_  
Name of Person

JOHNNY NEW YORK LLC

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

4021 SAN MARINO BLVD, APT 2013

\_\_\_\_\_  
Address

WEST PALM BEACH FL 33409

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

JOSEPH JOHN

917

4367453

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)

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/CITY:**

Registration  
Division  
Clifton B  
2661 Executive  
Tallahassee,

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

JOHNNY NEW YORK 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 06/05/2019 and assigned Florida document number L19000148971.

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 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

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>                   |
|--------------|------------------|---------------------------|---|
| AMBR         | MYRTHA<br>BENOIT | 4021 SAN MARINO BLVD #203 | <input checked="" type="checkbox"/> Add |
|              |                  | WEST PALM BEACH, FL 33409 | <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         |
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|              |                  |                           | <input type="checkbox"/> Remove         |
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|              |                  |                           | <input type="checkbox"/> Add            |
|              |                  |                           | <input type="checkbox"/> Remove         |
|              |                  |                           | <input type="checkbox"/> Change         |
|              |                  |                           | <input type="checkbox"/> Add            |
|              |                  |                           | <input type="checkbox"/> Remove         |
|              |                  |                           | <input type="checkbox"/> Change         |

[illegible]

**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.

(b) The 90th day after the record is filed.

09/04/2019

Joseph John  
Typed or printed

Typed or printed name of signer