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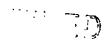
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## **COVER LETTER**

TO: Registration Se Division of Cor					
JOEZCAR	Z, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Joseph R. Zimmerman				
	<del></del>	Name of Person	<del></del>		
	JOEZCARZ, LLC				
		Firm/Company	· · · · · ·		
	2864 Oakgrove Avenue				
	<u> </u>	Address			
	St. Augustine, Florida 32	2092			
		City/State and Zip Code	<del></del>		
	carleenzimmerman@yah				
For Combanity Comments		to be used for future annual report no	tification)		
ror further information c	oncerning this matter, please c	au:			
Joseph R. Zimmermar	ו	513 309-5762			
Name o	f Person	Area Code Daytii	me Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	S30.00 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		Street Address: Registration S	ection		
Division of Corporations		Division of Co	Division of Corporations		
P.O. Box 632		The Centre of			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



JOEZCARZ, LLC

2070 FTD 20 Aii 8: 09

(Name of the Limited L. (A.	iability Compa- lorida Limited I	ny as it now appear liability Company)	s on our records.)	
The Articles of Organization for this Limited Liabil Florida document number L19000168833	ity Company	were filed on <u>Ju</u>	ne 27, 2019 and assigned	
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liabi	ility company he	<u>re</u> :	
The new name must be distinguishable and contain the words	"Limited Liabil	ity Company," the de	esignation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		2864 Oakgrove Avenue		
		St. Augustine, Florida 32092		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		2864 Oakgrove Avenue St. Augustine, Florida 32092		
B. If amending the registered agent and/or registagent and/or the new registered office address h		address on our r	ecords, <u>enter the name of the new registere</u>	
Name of New Registered Agent:				
New Registered Office Address:	864 Oakgrov			
_	Enter Florida street address			
	St. Augustine	C'i	, Florida 32092	
		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 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>	Address	Type of Action
MGR	Joseph R. Zimmerman	2864 Oakgrove Avenue	
		St. Augustine, Florida 32092	■Remove
			□Change
AMBR	Joseph R. Zimmerman	2864 Oakgrove Avenue	<b>≣</b> Add
		St. Augustine, Florida 32092	□Remove
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
		,	□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

, ii aine	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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(If an eff Note:	ve date, if other than the date of filing:
the recor	I 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 ed.
Dated	February 2020
	allestates
	Signature of a member or authorized representative of a member
	Carleen A. Zimmerman  Typed or printed name of signee

Filing Fee: \$25.00