

# L19000306438

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.**  
Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000306162 3)))



H190003061623ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : COMITER & SINGER, LLP  
Account Number : I20000000085  
Phone : (561)626-4742  
Fax Number : (561)626-4742

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR  
M/MG RESIGN  
JOSU II, LLC**

Certificate of Status

0

OCT 15 2019

FILED

Division of Corporations

<https://efile.sunbiz.org/scripts/efilcovr.exe>

N19000306162 3

Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

---

Electronic Filing  
Menu

Corporate Filing Menu

Help

10/15/2019 15:06 FAX 15618264742

Comiter Singer

0003

**COVER LETTER** 4190003061623

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JOSU II, 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:

Richard B. Comiter, Esq.

Name of Person

Comiter, Singer, Baseman & Braun, LLP

Firm/Company

3801 PGA Boulevard, Suite 604

Address

Palm Beach Gardens, Florida 33410

City/State and Zip Code

mfrid@comitersinger.com

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

For further information concerning this matter, please call:

Richard B. Comiter, Esq.

at (561) 626-2101

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 6227

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building

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

H19000306162 3  
FILED

JOSU II, LLC

2019 OCT 15 P 3:47

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
OCT 15 2019  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on August 13, 2019 and assigned  
Florida document number L19000206438.

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 "L.L.C." or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

3801 PGA Boulevard

Suite 604

Palm Beach Gardens, FL 33410

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

3801 PGA Boulevard

Suite 604

Palm Beach Gardens, FL 33410

**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:

Comiter, Singer, Baseman & Braun, LLP

New Registered Office Address:

3801 PGA Boulevard, Suite 604

*Enter Florida street address*

Palm Beach Gardens

Florida 33410

*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>
MGR	Susan M Copperman	3801 PGA Boulevard	<input type="checkbox"/> Add
		Suite 604	<input type="checkbox"/> Remove
		Palm Beach Gardens, FL 33410	<input checked="" 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
			<input 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

N19000306162 3

D. If amending any other information, enter change(s) here: *the knowledge of the filer*

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 the 0202 cypa.)

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 earlier of:

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

Dated

October 14, 2019

*[Signature]*  
\_\_\_\_\_  
Authorized member of authorized representative of a notary

Susan M. Copperman

Typed or printed name of signee