

L20 000141577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

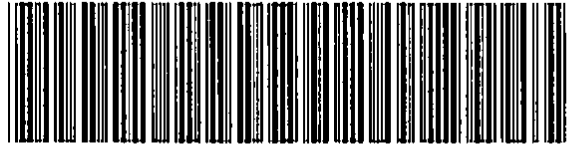
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/29/21--01023--012 **25.00

2021 NOV 29 PM 4:30

CLERK

2021 DEC 11 10:00 AM
CLERK

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Joseph Housing 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:

Marc Joseph

Name of Person

Joseph Housing LLC

Firm/Company

12200 NW 21st Place

Address

Miami, FL 33167

City/State and Zip Code

marcj006@yahoo.com

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

For further information concerning this matter, please call:

_____ 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 copy is enclosed)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2021 NOV 29 PM 4:30

11:17 AM

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>
AR	Peggy Joseph		<input type="checkbox"/> Add
		971 NW 200 Street, Miami Gardens, FL 33169	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Marc Joseph		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		12200 NW 21st Place, Miami, Fl 33167	<input checked="" type="checkbox"/> Change
MGR	Biodi Joseph		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		2483 NW 177 Terr, Miami Gardens, FL 33056	<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

2021 NOV 26 PM 3:30

2021 NOV 26 PM 3:30

2015-04-17

Oct. 14, 2021

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.

Dated _____, _____

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00