

L20000261202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

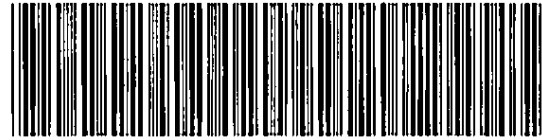
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R. WHITE
JAN 21 2021

2021-01-21 10:30

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOSEPH-LEON, LLC 2012
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:

LEON ROSENBLATT
Name of Person

JOSEPH-LEON, LLC
Firm/Company

19355 TURNBERRY WAY, SUITE 9-H
Address

TURNBERRY FL, 33180
City/State and Zip Code

LEONROSENBLATT22@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEON ROSENBLATT at (786) 202-4941
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020-12-15 12:03

December 15, 2020

LEON ROSENBLATT
19355 TURNBERRY WAY STE 9-H
TURNBERRY, FL 33180

SUBJECT: JOSEPH-LEON, LLC
Ref. Number: L20000261202

We have received your document for JOSEPH-LEON, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 720A00025400

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

JUL 17 PM 3:43

JOSEPH - LEON, 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 08/24/2020 and assigned Florida document number L20000261202.

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 new 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 | COHEN, JOSEPH | 19355 TURNBERRY WAY | <input type="checkbox"/> Add |
| | | TURNBERRY, FL 33180 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | FLORIO, NICK | 19355 TURNBERRY WAY | <input type="checkbox"/> Add |
| | | TURNBERRY, FL 33180 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | ROSENBLATT, ALAN | 19355 TURNBERRY WAY | <input type="checkbox"/> Add |
| | | TURNBERRY, FL 33180 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | CLEMENT, PETER | 19355 TURNBERRY WAY | <input type="checkbox"/> Add |
| | | TURNBERRY, FL 33180 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Change |

[illegible]

(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 605.0207 (3)(b)

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.

x 
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00