L2200402537

(Re	equestor's Name)	<u> </u>
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Вс	usiness Entity Nan	ne)
(De	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
	J. HORNE	
	SEP 2 0 2022	

Office Use Only



200391231932

TALLAHASSEE, FLORID

RECEIVED

2022 SEP 19 AM 8: 27

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINER'S INITIALS:____

Please use funds from account: 120210000160 Authorization Signature: Joy Davis Art, LLC L220004025	·
Document #	
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy (s)	
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other CORP	XAmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversionArticles of Conversion
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
Annual Report	Foreign filing Limited Partnership
Fictitious NameARTICLES OF CORRECTION	Reinstatement
APOSTIL()	Other
504 ;	

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINER'S INITIALS:_____

Please use funds from account: 1202100001 Authorization Signature:	60 Amount: \$25.00
	402537 Business
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy (s)	
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other CORP	XAmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversionArticles of Conversion
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
Annual Report	Foreign filingLimited Partnership
Fictitious NameARTICLES OF CORRECTION	Reinstatement
APOSTIL ~	Other
Country	

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Joy Davis Art 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:
Name of Person
Firm/Company
2059 Biltmore Pt
Longwood FL. 32779 City/State and Zip Code
City/State and Zip Code City/State and Zip Code E-mail address: (to be used for Justice annual report notification) E-mail address: (to be used for Justice annual report notification)
For further information concerning this matter, please call:
Name of Perso) at (407) 760-2274 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, Certificate of Status \$\Bigcup \\$ Certified Copy (additional copy is enclosed) 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

ARTICLES OF A	1	FILED "
ARTICLES OF O	RGANIZATION 2022	· · · · · · · · · · · · · · · · · · ·
Ol	F 2022,	SEP 19 AM 8: 27
(Name of the Limited Liability Compan (A Florida Limited L	SECH FAILA Ly as it now appears on our records.	Mass Congress
The Articles of Organization for this Limited Liability Company of Florida document number ムカン のりし	were filed on $9/14/$	って and assigned
This amendment is submitted to amend the following:	·	
A. If amending name, enter the new name of the limited liabi		
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)	10H	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	ne name of the new registered
Name of New Registered Agent:	NA	
New Registered Office Address:	Enter Florida street address	
	Flor	
·	Cîty	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.

MA

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

Title	<u>Name</u>	Address	Type of Action
MOR	Joy Davis	2059 Biltmore Pt Longwood FL 32779	_ D Kau
			□Remove
			□Add
		,	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			C]Add
			□Remove
			□Change

						<u>.</u>	
				···			
						101.	
		~				77	
							
-							
							
			<u> </u>	······			
	· · · · · · · · · · · · · · · · · · ·						7
-		_				-	
							
	 						······································

ote: II the	te, if other than that is listed, the date date inserted in this ffective date on the	s block does not	t meet the appli	icable statutory	or more than 90 da filing requiremen	(optional) ys after filing.) Punts, this date wil	rsuant to 605,0207 I not be listed as
record spec I is filed.	ifies a delayed effec	ctive date, but no	ot an effective	time, at 12:01 a	.m. on the earlie	r of: (b) The 90	Oth day after the
ated	Aigt.	19	202	2.			
<u> </u>		C.Jan	Dru	1			
		Signature of a	a member or auth	horized represent	uive of a member		

Filing Fee: \$25.00