

L22000529254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

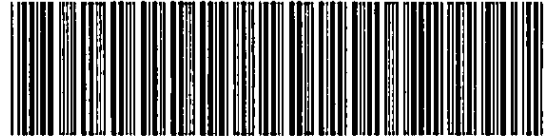
(Business Entity Name)

(Document Number)

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2023 JAN 17 10:42  
FEDERAL RESERVE BANK  
ST. LOUIS, MO

120

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Joes Cook Shack 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:

Jeromy Owens

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

8170 Washington Village Dr

\_\_\_\_\_  
Address

Dayton Ohio 45458

\_\_\_\_\_  
City/State and Zip Code

orders@newbusinessfiling.org

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

2023 JUN 14 10:42  
SP. REGISTRATION  
FILING DIVISION  
FL

FILED

For further information concerning this matter, please call:

Jeromy Owens

888 701-6450  
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

**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	Joseph Gorny	14621 NE 154th St, Fort McCoy, Florida, 32134	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Sherry Gorny	14621 NE 154th St, Fort McCoy, Florida, 32134	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Vivian Gorny	1810 W. GLENEAGLES RD UNIT COCALA, FL 34472	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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) **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 January 11th, 2023

Signature of a member or authorized representative of a member

Typed or printed name of signee

[illegible]