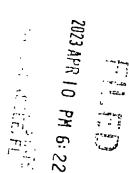
## 623000544.72

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/r Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only



400406104004



S. FROM MEM.

## **COVER LETTER**

TO: Registration So Division of Co			· ** **		
Joyce Poi	nt LLC		<b>4</b> .		
SUBJECT:	Name of Lim	ited Liabitity Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.			
	ondence concerning this matter				
	John Rucker				
		Name of Person			
	Joyce Point LLC				
	<del></del>	Firm Company			
	125 Kings Way				
		Address			
	Satellite Beach, FL, 329	37			
		City/State and Zip Code			
	john@joycepoint.com				
		to be used for future annual report not	ification)		
For further information (	concerning this matter, please c	all;			
John Rucker		321 423-4815			
Name o	of Person		ne Telephone Number		
Enclosed is a check for t	he following amount:				
S25.00 Filing Fee	S30.00 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)		
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ection		
Division of (	Corporations	Division of Co	Division of Corporations		
P.O. Box 63. Tallahassee,		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

and assigned
2023 APR
or the abbrevia n "L.L.C."
PH 6: 22
ne name of the new regi
rida

## 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	John Rucker	125 Kings Way	<b> %</b> Add
		SATELLITE BEACH, FL 3	<del></del> <del>_</del>
			Change
			□Add
			□ Remove
		· · · · · · · · · · · · · · · · · · ·	□ Change
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		·	200.	
				·
		•		
Affective date, if other than to an effective date is listed, the date Note: If the date inserted in this locument's effective date on the	must be specific and cannot is block does not meet the	applicable statutory	(option or more than 90 days after fi filing requirements, this d	ing.) Pursuant to 605.0207
record specifies a delayed effect is filed.	ctive date, but not an effe	ective time, at 12:01 a	.in. on the earlier of: (b)	The 90th day after the
March 28	2023	3 		
Q IV Vila				
John Kulin	Signature of a member	or authorized represent	ative of a member	