

L23000059088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

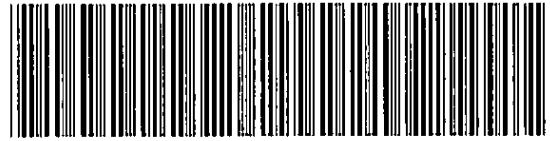
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALL APPLICANTS UNIT
2023 APR 24 PM 1:36

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOY SEZ JOY 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:

MICHAEL JOYCE

Name of Person

Firm/Company

1398 Pine Ridge Circle East, Apt. B8

Address

Tarpon Springs, FL 34688

City/State and Zip Code

jenshields106@comcast.net

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

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For further information concerning this matter, please call:

Michael Joyce

412 370-2971

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 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>
MGR	MICHAEL JOYCE	1398 Pine Ridge Circle East, Apt. B5	<input checked="" type="checkbox"/> Add
		Tarpon Springs, FL 34688	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Managing membership percentages are as follows:

Jennifer Shields 49%

Melanie Joyce 49%

Michael Joyce 2%

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TALLAHASSEE, FL

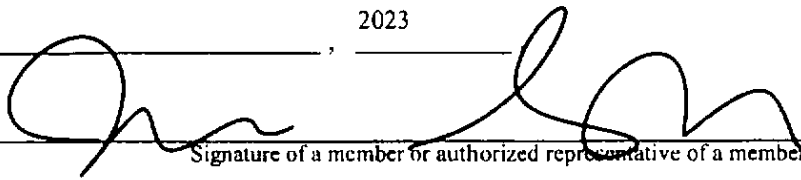
E. Effective date, if other than the date of filing: February 2, 2023 **(optional)**

(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.

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.

Dated April 4, 2023



Signature of a member or authorized representative of a member

Jennifer Shields

Typed or printed name of signer