

L24 000 376 495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

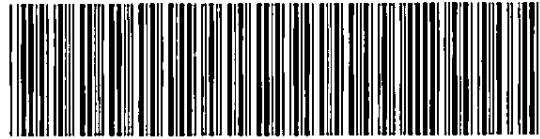
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800441408558

24 DEC 27 PM 3:47  
U.S. DEPT. OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

24 DEC 27 AM 9:13  
U.S. DEPT. OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account I20210000160: \$25.00

Authorization Signature *Jan Felt*  
1150 Joyal Dr LLC L24000376495  
Business #Document

Walk in \_\_\_\_\_ Will wait \_\_\_\_\_

\_\_\_\_\_ Certified Copies of the Articles of Organization  
\_\_\_\_\_ Certificate of Status

**NEW FILINGS**

\_\_\_\_\_ Profit  
\_\_\_\_\_ Not for Profit  
\_\_\_\_\_ LLC  
\_\_\_\_\_ Domestication  
\_\_\_\_\_ INC  
\_\_\_\_\_ CORP  
\_\_\_\_\_ OTHER

**AMENDMENTS**

X Amendment  
\_\_\_\_\_ Resignation of R.A.  
\_\_\_\_\_ Change of Registered Agent  
\_\_\_\_\_ Dissolution/Withdrawal  
\_\_\_\_\_ Conversion  
\_\_\_\_\_ Statement of Authority  
\_\_\_\_\_ Merger  
\_\_\_\_\_ Amended and Restated Articles

**OTHER FILINGS**

\_\_\_\_\_ Annual Report  
\_\_\_\_\_ Fictitious Name  
\_\_\_\_\_ Statement of Authority  
\_\_\_\_\_ APOSTIL \_\_\_\_\_

**COUNTRY**

**REGISTRATION/QUALIFICATIONS**

\_\_\_\_\_ Foreign Filing  
\_\_\_\_\_ Partnership  
\_\_\_\_\_ Reinstatement  
\_\_\_\_\_ Statement of CORRECTION  
\_\_\_\_\_ Domestication of a Foreign Corp.  
\_\_\_\_\_ Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 1150 JOYAL DR 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:

Patrick Lee

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

1150 JOYAL DR LLC

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

111 N. Orange Ave Suite 800

\_\_\_\_\_  
Address

Orlando, FL 32801

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

tene@forwardboundsolutions.com

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

For further information concerning this matter, please call:

Abena Tene Williams

862 318-2422  
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

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

1150 JOYAL DR 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 08/27/2024 and assigned  
Florida document number 124000376495.

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 "LLC."

**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>
MGR	WILLIAMS, ABENA T	111 N ORANGE STREET, 800	<input type="checkbox"/> Add
		ORLANDO, FL 32801	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	WILLIAMS, HAILE A	111 N ORANGE STREET, 800	<input type="checkbox"/> Add
		ORLANDO, FL 32801	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input 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)

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.

A. Teri Williams  
Signature of a member or authorized representative of a member

Typed or printed name of signee