## 09000031332

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T. HAMPTON

APR 10 2009

EXAMINER

## **COVER LETTER**

TO:	Registration Se Division of Con			
T P I	J&C G(	ORMET, LLC		_
	CT: DAO O	(Name of Lim	ited Liability Company)	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Jon Maty		
			(Name of Person)	•
		J&C GORMET, LLC		
			(Firm/Company)	
		661 WALNUT LN		
			(Address)	
1	• • •	ELK GROVE VILLAGE, I	L 60007-4632	
	·		(City/State and Zip Code)	
For fur	ther information c	oncerning this matter, please c	all:	
		* * * * * * * * * * * * * * * * * * * *		
Jon Ma		of Person)	at ( 847 ) 630-1924 (Area Code & Daytime T	elephone Number)
	(	,	(	
Enclose	ed is a check for th	ne 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		ration Section on of Corporations ox 6327	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J&C GORMET, 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 03/31/2009 and assigned Florida document number L09000031332 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: J&C GOURMET, LLC The new name must be distinguishable and end with the words "Limited Liability 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) 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) (City)

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

<u>itle</u>	<u>Name</u>	Address	Type of Action
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			Add Remove
			Add Remove
	·		
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. If amen	ding any other information, enter	change(s) here: (Attach additional sheet	SECRETARY CON OF CON
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	an B. Males	member or authorized representative of a mer	nber

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Filing Fee: \$25.00 .