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## **COVER LETTER**

and Certificate of Status  STREET ADDRESS:  Registration Section  Division of Corporations  And Certificate Copy and Certificate of Status  MAILING ADDRESS:  Registration Section  Division of Corporations	TO: Registration Division of	Section Corporations			
Name of Florida Limited Partnership or Limited Liability Limited Partnership  The enclosed Certificate of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to:  KEVIN L. MILLER  Contact Person  BETTER JERK JAMAICAN RESTAURANT L.L.L.P.  Firm/Company  5251 SOUTH NOVA ROAD  Address  PORT ORANGE, Fl. 32127  City, State and Zip Code  KERENEBROWN141@YAHOO.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  KEVIN L. MILLER  Name of Contact Person  Enclosed is a check for the following amount:  S\$2.50 Filing Fee  and Certificate of Status  STREET ADDRESS:  Registration Section  Division of Corporations  MAILING ADDRESS:  Registration Section  Division of Corporations	SUBJECT. BETTE	R JERK JAMAICAN RE	STAURANT L.L.L.P.		
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Address  PORT ORANGE, FL 32127  City, State and Zip Code  KERENEBROWN141@YAHOO.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  KEVIN L. MILLER  at (386) 262-2972  Name of Contact Person  Area Code and Daytime Telephone Number  Enclosed is a check for the following amount:  S52.50 Filing Fee and Certificate of Status  STREET ADDRESS:  Registration Section  Division of Corporations  MAILING ADDRESS:  Registration Section  Division of Corporations	BETTER JERK JAMA	MCAN RESTAURANT L.	L.IP.		
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Division of Corporations Division of Corporations	STREET ADDRES	SS:	MAILING ADDRESS:		
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	Clifton Building	Ann Chaile	P. O. Box 6327		
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301			Tallahassee, FL 32314		

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

DELTER JEKK	CJAMMACAN RESTAURANT L.L.L.P.	
	Insert name currently on file with Florida Dep	partment of State
nt to the provisi	sions of section 620.1202, Florida Statutes,	this Florida limited partnership o
liability limited	ed partnership, whose certificate was filed w	ith the Florida Department of St

Pursuan limited 05/15/2019 \_\_\_, assigned Florida document number \_\_\_\_\_ adopts the following certificate of amendment to its certificate of limited partnership. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here: New name must be distinguishable and contain an acceptable suffix. Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP. B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here: New Principal Office Address: (Must be STREET address) New Mailing Address: (May be post office box) C. 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
am familiar with and accept the obligations of my position as registered agent.

If Changing Registered Agent, Signature of New Registered Agent

Đ,	If amending	the general	partner(s),	enter t	he name	and	business	address	of ea	ch ge	eneral	partner	being
<u>ad</u>	<u>ded or remove</u>	d from our	records:										

<u>Title</u>	Name	Address T	ype of Action
PARTNE	KEVIN L. MILLER	112 WINNERS CIRCLE DR.	Add Remove
PARTNE	KERENE E. MILLER	112 WINNERS CIRCLE DR. Day Jena B.L., 4 32114	■ Add □ Remove
			□ Add □ Remove
<u></u>			Add Signature of the second of
			Add = C
			☐ Add ☐ Remove

- E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:
  - This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
  - ☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

F. If amending any other info	rmation, enter chai	nge(s) here: (Attach addit	ional sheets, if necessary.)
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Effective date, if other than the da (Effective date cannot be prior to nor mo State.)	te of filing: <u>07/01/20</u> ore than 90 days after t	019 the date this document is file	d by the Florida Department of
Note: If the date inserted in this block do be listed as the document's effective date			nents, this date will not
be fined in the document is effective date	, on the iseparation of	i blace o recordor	
6:			
Signature(s) of a general partne	_		
(*NOTE: Only one current general part removing a "limited liability limited part when adding or removing a "limited liab	nership" election state	ement. Chapter 620, F.S., rec	
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Kmile-			
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			9.50
			<u> </u>
Signature(s) of all new or dissoc	iating general pai	rtner(s), if any:	
1 A . Lar			
C Guerra	<del></del>		<del></del>
Km. He			·
Filing Fee:	\$52.50		
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75		