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SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN
FEB - 2 2009
EXAMINER

## **COVER LETTER**

TO:	Registration S Division of Co			
SUBJI	, FCT:	Jeff's Ne	w York Deli LLC	
3000	EC1.	Name of Lim	ited Liability Company	
The en	iclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	
Please	return all corresp	ondence concerning this matter	r to the following:	
		ARTHUR	ARRSONT	10 FE
			Name of Person	EB -
				- P
			Firm/Company	PH 3: 21
		PO BOX	198	TATE ORNE
			Address	7>
		ORANGE L	AKE, FL 33681	-DP8
		HORSEFA E-mail address:	City/State and Zip Code  ON D VAHOO, CON  to be used for future annual report notification	<u> </u>
For fu	rther information	concerning this matter, please of	•	,
		rthur Parsont	at \	8559
	Name	of Person	Area Code & Daytime Tele	ohone Number
Enclos	sed is a check for	the following amount:		
<b>▼</b> \$2:	5.00 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)
	Regis Divisi P.O. I	LING ADDRESS: tration Section on of Corporations Box 6327 hassee, FL 32314	STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

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

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	TO OF ORGANIZATIOF  OF  EW York Deli LLC Company as it now appeal imited Liability Company)  Impany were filed on  Ed liability company here  ESS)  Ered office address on east here:	OF ORGANIZATION OF  EW York Deli LLC Company as it now appears on our records, imited Liability Company)  Empany were filed on

## 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 Changing Registered Agent, Signature of New Registered Agent

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

MGRM = Managing Member Type of Action Address <u>Title</u> <u>Name</u> Arthur S. Parsont MGR 2226 NW 6th St ☐ Add ✓ Remove Gainesville, Fl 32609 ☐ Add Remove ☐ Add Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) January 29, Dated \_\_\_\_\_ Signature of a member or authorized representative of a member Arthur S. Parsont Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00