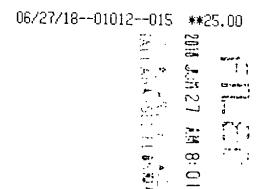
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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J. HARRIE

COVER LETTER

TO: Registration S Division of Co		<i>t</i>	
	#1443 LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	RODOLFO LEFELD		
		Name of Person	*************************************
	SUBWAY #1443 LLC		
	***************************************	Firm Company	
	166 SONATA DR		
		Address	
	JUPITOR, FL 33478		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c	all:	
RODOLFO LEFELD		561 962-2652	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25,00 Filing Fee	S30.00 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Subway #1443 LLC		
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our record Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability C	Company were filed on 06/02/2008	and assigned
Florida document number L08000054527	<u>_</u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Linguishable and contain the words "Lingui	ited Liability Company," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:		g. 10
(Principal office address MUST BE A STREET ADDR	RESS)	2 7
		prop.
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u>С.</u> ;;
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		ls, enter the name of the new
Name of New Registered Agent:	·	<u> </u>
New Registered Office Address:		
	Enter Florida street addre	ss
		lorida
	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>	Name Address		Type of Action	
MGR	JUAN ESTEVEZ 1504 FORT MEADE PLACE		■ Add	
		KISSIMMEE, FL 34759	□ Remove	
		·	Change	
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			Change	
				
			Remove	
			Change	
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			□ Change	
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			Change	

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	Typed or printed name of signee	72.	27	grane. g
	Signature of a member or authorized representative of a member	3 to	الح الحال	المناه . المناه المناه
	Bearly C	<u> </u>	2016	
Dated	JUNE 26			
(b) The	e 90th day after the record is filed.	ii tile ear	ner or.	
If the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. or	n the ear	lier of:	
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date when is effective date on the Department of State's records.	rursuant to 6 vill not be li	05.0207 (sted as t	ع)(ه) hė
E. Effec	tive date, if other than the date of filing:	.	at 02.25	,,,,,
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Filing Fee: \$25.00