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SECRETARY OF STATE OF STATE OF STATE OF CORPORATIONS

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## **COVER LETTER**

		stration Sec sion of Corp						
OUD IEC		Gumbo Ya-	Ya's LLC					
SUBJEC	UI: _		Name of Limi	ted Liability Company	<del></del> _			
The encl	losed	Articles of A	Amendment and fee(s) are subr	mitted for filing.				
Please re	eturn :	all correspor	ndence concerning this matter t	to the following:				
			Timothy Shippee					
			<del></del>	Name of Person	<del></del> _			
			Hathaway & Reynolds, PL	LC				
			Firm/Company					
			50 A1A North, Suite 108					
			Address					
			Ponte Vedra Beach, FL 32082					
			City/State and Zip Code					
			Shereen E-mail address: (1	1312 @ Gmail · Co	cation)			
For furth	her in	formation co	oncerning this matter, please ca		,			
Timothy	y Ship	opee		904 . 280-5526				
<del></del>		Name of	Person	Area Code Daytime	Telephone Number			
Enclose	d is a	check for th	e following amount:					
\$25.	.00 Fi	iling 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Company	ars on our records.)		
The Articles of Organization for this Limited I Florida document number	iability Company were filed on	March 20, 2009	_ and assigne	ed
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability company	<u>here</u> :		
The new name must be distinguishable and contain the	words "Limited Liability Company," the	e designation "LLC" or the abbre	viation "L.L.C.	.,,
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			92
			38	SEC 336
			83	72.E
Enter new mailing address, if applicable:			<u></u>	25 T
(Mailing address MAY BE A POST OFFICE			32	
1772 MANY CSS 17771 DZ 771 OST OT 1702				
	<del></del>		64.	
B. If amending the registered agent and registered agent and/or the new registered of	/or registered office address of office address here:	on our records, <u>enter the</u>	name of	the new
Name of New Registered Agent:	Shereen F. Albahtimy			
New Registered Office Address:	3630 Creswick Circle			
	Enter F	lorida street address		
	Orange Park	, Florida	, 1	
	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	Robert L. Alley	14333 Beach Blvd., Suite 101	
		Jacksonville, FL 32250	■ Remove
			Change
MGR	Lauren L. Alley	14333 Beach Blvd., Suite 101	
		Jacksonville, FL 32250	■ Remove
			Change
MGR	Shereen F. Albahtimy	3630 Creswick Circle	B Add
		Orange Park, FL 32065	□ Remove
			Change
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fective date, if other than an effective date is listed, the da	n the date of	f filing:			(option	ıal)	
ote: If the date inserted in t	this block doe	s not meet the	e applicable sta	f filing or more the tutory filing requ	n 90 days after fi iirements, this c	ling.) Pursuant to late will not be	60 <b>5</b> .02 listed
cument's effective date on	the Departme	nt of State's i	records.				
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Filing Fee: \$25.00