

LO9 000080568

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2010 NOV - 2 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

NOV - 3 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JACOB'S CLASSIC MARKET LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following:

LESLIE E DOLIN

Name of Person

LESLIE E DOLIN CPA

Firm/Company

5285 SW 38 AVE

Address

FORT LAUDERDALE, FL 33009

City/State and Zip Code

CPA1040@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LESLIE E DOLIN CPA

Name of Person

at 954

985-4866

Area Code & Daytime Telephone Number

Enclosed is a check for the 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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

JACOB'S CLASSIC MARKET 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 8/20/09 and assigned
Florida document number L09000080568

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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:

Juan Gallegos

New Registered Office Address:

Enter Florida street address

City

Florida

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 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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

2009 NOV -2 AM 10:30

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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

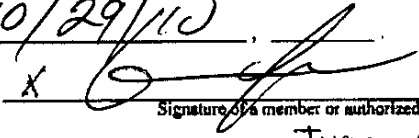
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Juan Gallegos	1001 N FEDERAL HWY SUITE 367 HALLANDALE FL 33009	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	YAACOB ELHARAR	1001 N FEDERAL HWY SUITE 367 HALLANDALE FL 33009	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

10/29/10

X 

Signature of a member or authorized representative of a member

Juan Gallegos

Typed or printed name of sign

Page 2 of 2

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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