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Florida Department of State
Division of Corporations

October 1st 2018

To whom it may concern

My name is Audrey L Green, and I am the owner of Audreys Gourmet Run Cakes, I submitted a letter dated 9/10/2018 requesting a name change to Audreys Jamaican Cuisine.

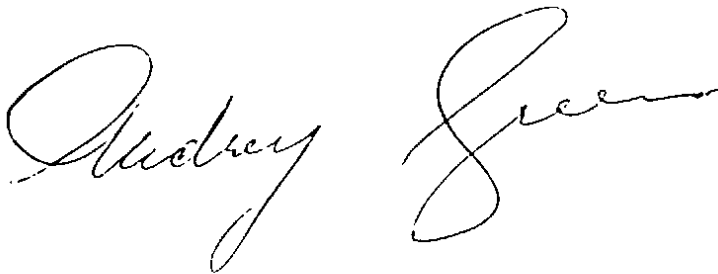
File #L18000135373

Document # L09000088694

Telephone #941-928-3309

Restaurant address 4463-D Ashton Rd
Sarasota Fl 34233

Mailing add..6218 Aventura Dr.
Sarasota Fl 34241



RECEIVED

18 OCT -4 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
OCT -4 PM 2:29



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 24, 2018

AUDREY GREEN
4463-D ASHTON RD
SARASOTA, FL 34233

SUBJECT: AUDREY'S GOURMET RUM FRUIT CAKES, L.L.C.
Ref. Number: L09000088694

We have received your document for AUDREY'S GOURMET RUM FRUIT CAKES, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s).

It appears that this company has already been filed (please see attached print out).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 818A00019908

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Audrey's Jamaican Cuisine
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:

Audrey Green
Name of Person
Audrey's Jamaican Cuisine
Firm/Company
4463-D Ashton Rd
Address
Sarasota FL 34233
City/State and Zip Code
algreen9253@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Audrey Green
Name of Person
941 928-3309
at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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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FILED

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

AP
Audrey's Jamaican Cuisine LLC AUDREY'S GOURMET RUM CAKES 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 04/06/2018 and assigned
Florida document number 312327 LO9000088694

This amendment is submitted to amend the following:

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

AP
Audrey's Gourmet Rum Cakes LLC AUDREY'S JAMAICAN CUISINE LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

AP
(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:

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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2019 OCT -4 P 4:29

29-11-2019

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated May 20, 2018

Signature of a member or authorized representative of a member