# 40000100933

(Re	questor's Name)	
(Ad	dress)	
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S. WARREN AUG 2 1 2017

# **COVER LETTER**

SUBJECT:	Jox Ca	fe LLC	
	Name of Limit	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	j	, <i>f</i>	
	Lorena	Name OPerson	
	JAX	rafe LLC	
		Firm/Company	
	911 NW	209 Ave #	115
		Address	
	rembroke	City/State and Zip Code	<u> 33029</u>
	LORENAND E-mail address: (b	EGRON O GMA o be used for future annual report notifica	HL.CON
For further information cor	ncerning this matter, please ca	11:	
LORENA	Negron	at ( <u>954)</u> 882	-9921
Name of I	Person 🔾	Area Code Daytime T	elephone 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)

## د N

TO:

Registration Section
Division of Corporations

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

$\bigcup A X C$	AFE LLC	
(Name of the Limited   (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number <u>L1000 100</u>	ility Company were filed on $9/27/2010$	and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
		7 2
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, ente	r: the name of the ne
registered agent and/or the new registered once	Caddress nere.	
Name of New Registered Agent:		The Paris
New Registered Office Address:		: 2 <b>3</b>
	Enter Florida street address	7. <del>*</del>
-	, Florida _	Zip Code
	CIII	LIII COUC

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 Sew 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 = MS $AMBR = AS$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jesus Gomez	911 NW 209 Ave.	
		#115	Remove
. 1 .		Pembroke Pins FLZ	209□ Change
MGR	Bosa Cebado	911 NW 209 Ave.	Add
		#115	□ Remove
		Pemproke Pines, FL 336	∑9□ Change
		<del></del>	Add
			□ Remove
			Change
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			Change

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	ptional)
in effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a ote: If the date inserted in this block does not meet the applicable statutory filing requirements,	after filing.) Pursuant to 605.02 this date will not be listed
cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:0 The 90th day after the record is filed.	1 a.m. on the earlier
A	
ned August 17 , 2017.	<b>17</b>
<u>√</u> 1	AUG E.
Winder -	
Signatury of a member or authorized representative of a member	
Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00