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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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Office Use Only

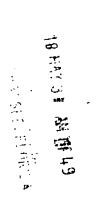


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## **COVER LETTER**

_	ration Section of Corpor			
	ì	(i	. 0	
SUBJECT:	<u> </u>	x Cafe, LI		
		Name of Lim	ited Liability Company	
The enclosed A	rticles of Am	endment and fee(s) are sub	mitted for filing.	
Please return all	corresponde	ence concerning this matter	to the following:	
		Frank	Vin Loza Name of Person	
			Name of Person	
		Jax	Cafe, LLC Firm/Company	
			Firm/Company	<del></del>
		911 NW 2	Address	
			Address	
		Pembroke F	City/State and Zip Code  L O York 00-com  to be used for future annual report notifi	9
			City/State and Zip Code	
	_	loza-fran	k a gahoo-com	
		E-mail address: (	to be used for future annual report notifi	ication)
For further infor	rmation conc	erning this matter, please ca	all:	
Frav	nklin	Loza	at ( 954 ) 709 · §  Area Code Daytime	71-64
	Name of Pe	rson	Area Code Daytime	Telephone Number
Enclosed is a ch	eck for the f	ollowing amount:		
□ \$25.00 Filin		<b>≦</b> \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee.
323.00 1 1111		Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING	G ADDRESS:	STREET/COURIE	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jax Cafe	LLE	
(Name of the Limited	1 Liability Company as it now appears on A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Lia	bility Company were filed on <u>09</u>	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "I imited I jability Company " the design	nation "L1C" or the abbreviation "L1C"
The new manie make we distinguishable and estimation for	in a design	
Enter new principal offices address, if applica	ble:	est*
(Principal office address MUST BE A STREET	ADDRESS)	
		5
		23. 40
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE B		
B. If amending the registered agent and/oregistered agent and/or the new registered offi		r records, <u>enter the name of the new</u>
Name of New Registered Agent:	Franklin Loza	<u>-                                      </u>
New Registered Office Address:		
	Enter Florida s	treet 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Rosa Cebedo	911 NW 209 AUR # 115	
		Pembroke Pines, Fl 33029	<b>⊠</b> Remove
			Change
MGR	Franklin Loza	911 NW 209 Ave \$115	⊠ Add
		Pembroke Pines, Fl 33029	Remove
			Change
			Add
			Remove
			Change
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Page 3 of 3

Filing Fee: \$25.00