

LI 0000 108975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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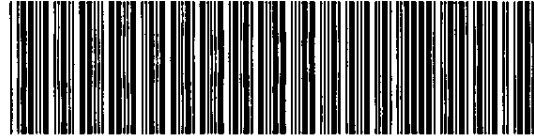
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

OCT 31 2014

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **JAM ROCK CAFE, 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:

Delveta Riley

Name of Person

Jam Rock Cafe, LLC

Firm/Company

3759 Island Club Drive, Bldg 18, Apt 12

Address

North Port, FL 34288

City/State and Zip Code

yvonnemowatte5247@gmail.com

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

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For further information concerning this matter, please call:

Alexander Riley, Esq.

Name of Person

at **(239) 481-5051**

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

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

JAM ROCK CAFE, 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 10/19/2010 and assigned
Florida document number L1000108975

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.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)

3759 Island Club Dr., Bldg 18, Apt 12
North Port, FL 34288

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:

Delveta Riley

New Registered Office Address:

3759 Island Club Dr., Bldg 18, Apt 12

Enter Florida street address

North Port

City

Florida 34288

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.

Delveta Riley
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGRM	Donovan A Thompson	3733 7th Street W	<input type="checkbox"/> Add
		Lehigh Acres, FL 33971	<input checked="" type="checkbox"/> Remove
MGR	Joy V. Thompson	3733 7th Street W	<input type="checkbox"/> Add
		Lehigh Acres, FL 33971	<input checked="" type="checkbox"/> Remove
MGRM	Delveta Riley	3759 Island Club Dr., Bldg 18, Apt 12	<input checked="" type="checkbox"/> Add
		North Port, FL 34288	<input type="checkbox"/> Remove
MGR	Yvonne Bartley	3759 Island Club Dr., Bldg 18, Apt 12	<input checked="" type="checkbox"/> Add
		North Port, FL 34288	<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.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 10-28-14

Donovan Thompson

Signature of a member or authorized representative of a member

Donovan Thompson

Typed or printed name of signer

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TALLAHASSEE, FLORIDA

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