

L12000017013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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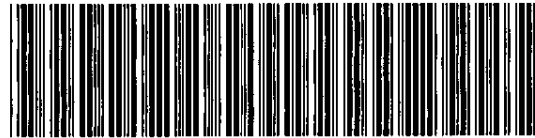
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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MAY 1 2012

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Jewelz N.Y. Style Deli, 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:

Tulissa Ramos
Name of Person

Jewelz NY Style Deli, LLC
Firm/Company

6325 S. Williamson Blvd #218
Address

Port Orange, FL 32128
City/State and Zip Code

Jewelznystyledeli@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tulissa Ramos at (407) 300-2832
Name of Person 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**

Jewelz N.Y. Style Deli, 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 02/06/2012
Florida document number L12000017013

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This amendment is submitted to amend the following:

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

Same

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)

6223 S. Williamson Blvd
Port Orange, FL 32128

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6223 S. Williamson Blvd
Port Orange, FL 32128

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:

Julissa Ramos

New Registered Office Address:

6325 S. Williamson Blvd

Enter Florida street address

Port Orange
City

Florida 32128
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.

Julissa Ramos
If Changing Registered Agent, Signature of New Registered Agent

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

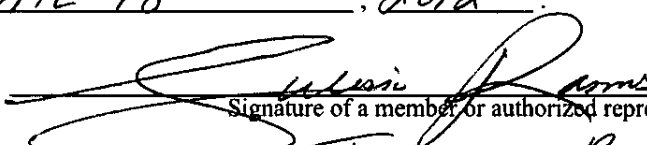
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Melendez, Gustavo	6255 S. Williamson Blvd Port Orange, FL 32128	☐ Add ☒ Remove
MGR	Julissa Ramos	6325 S. Williamson Blvd Port Orange, FL 32128	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

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Dated April 18, 2012



Signature of a member or authorized representative of a member
Julissa Ramos

Typed or printed name of signee