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J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: 5'S ONE STOP CARIBBEAN RESTAURANT & GROCERY
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: ROULS TON
Name of Person J'S ONE STOP CARIBBEAN RESTAURANTÉ GROCERY 3087 CLEVELAND AVE, FORT MYERS, FL33901 FORT MYERS FL 33901
City/State and Zip Code TROULSTON 83 @ YAHOO-COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TAM 10NROULSTONat (239)324 1455Name of PersonArea CodeDaytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 L	iability Company were filed on _OI/	31/2013	_ and assig	gned
Florida document number <u>L130000165</u>	64	/		
This amendment is submitted to amend the foll-	owing:			
A. If amending name, enter the new name o	f the limited liability company here:			
The new name must be distinguishable and contain the v	vords "Limited Liability Company," the designation	ation "LLC" or the abbre	viation "L.L	C."
Enter new principal offices address, if applic	rable:		\\ \}	
(Principal office address MUST BE A STREET ADDRESS)			1761	ia.
	_	:		
			: 20	244.2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			7.00	 -
			<u> </u>	
			C	
B. If amending the registered agent and/ registered agent and/or the new registered of	ffice address here:	records, <u>enter th</u>	e name o	of the new
Name of New Registered Agent:	VALRIE COX			
New Registered Office Address:				
-	Enter Florida street address			
		, Florida Zip Code		
	City		Zip Code	
New Registered Agent's Signature, if changing I	Registered Agent:			
I hereby accept the appointment as registere	ed agent and agree to act in this capa	city. I further agree	to compl	v with the

If Changing Registered Agent, Signature of New Registered Agent

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 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> Type of Action Name | <u>Address</u> JAMION ROULSTON MGR _ 🗆 Add 1514 NE 1ST TERR CAPE CORAL FL33909 PREMOVE _□ Change VALRIE COX MGR 1119 NE5THAVE CAPE CORAL FL33909 ☑ Add ☐ Remove □ Change □ Add ☐ Remove ____ Change bb∧ □ ☐ Remove _□ Remove ☐ Change _D Add ☐ Remove

_____ Change

		
		
Iffective date, if other than the date of fi an effective date is listed, the date must be specific Sote: If the date inserted in this block does no locument's effective date on the Department of	ling:and cannot be prior to date of filing or more than 90 of meet the applicable statutory filing requirem of State's records.	(optional) days after filing.) Pursuant to 605.0207 nents, this date will not be listed as
The 90th day after the record is file		
ated 10 /27 /2017	f a member or authorized representative of a memb	
B ou late		
Signature o	f a member or authorized representative of a memb	P) (2)
	ROULS TON Typed or printed name of signee	<i>₽</i>
	Typed or printed name of signee	
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Filing Fee: \$25.00