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Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H15000075318 3))



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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
JERK MACHINE @ PLANTATION LLC

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K. SALLY  
EXAMINER  
MAR 27 2015

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REGISTRATION  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES



March 26, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

JERK MACHINE @ PLANTATION LLC  
PLANTATION INN PLAZA  
377 NORTH STATE ROAD 7, UNIT 101  
PLANTATION, FL 33317

SUBJECT: JERK MACHINE @ PLANTATION LLC  
REF: L13000149636

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please complete the name of the Registered Agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

FAX Aud. #: H15000075318  
Letter Number: 115A00006027

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BUREAU OF COMMERCIAL  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

JERK MACHINE @ PLANTATION 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 10/23/2013 and assigned Florida document number L13000149636.

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.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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

HCT CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS, LLC

New Registered Office Address:

3816 HOLLYWOOD BOULEVARD, SUITE 203

*Enter Florida street address*

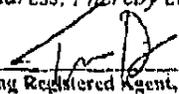
HOLLYWOOD, Florida 33021

*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 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>
MGR	PORTABELLA FLP	Post Office Box 14035	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, Florida 33302	<input type="checkbox"/> Remove
MGR	CATHERINE MALCOLM	Post Office Box 14035	<input type="checkbox"/> Add
		Fort Lauderdale, Florida 33302	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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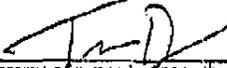
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 23 , 2015 .

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

**TREMAYNE L. DAVIS**  
\_\_\_\_\_  
Typed or printed name of signee

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TALLAHASSEE, FLORIDA