# 114000001741

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## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT: JMC	FOOD COMP	ANY, LLC		
SUBJECT:		ited Liability Company		
	Amendment and fee(s) are sub	-		
	Jay W. Livin	gston, Esq.	·	
	Livingston &	Sword, P.A.		
	2561 Moody	Boulevard, Suite	e B	
	Flagler Bead	ch, Florida 32136	<b>201</b>	
	jay.livingston314	City/State and Zip Code  @gmail.com to be used for future annual report notific	PACCE AHASS	
For further information co	oncerning this matter, please ca	all:	Y Or	1
Jay W. Livir	ngston	at 386, 439-29	945 🚉 👱	
Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a check for th	e 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

JMC FOOD COMPANY, LLC		
(Name of the Limited L (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L14000009741</u>	ity Company were filed on 1/17/2014	and assigned
This amendment is submitted to amend the following	ıg:	
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	s "Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
		AR A
		Fig. 38 (T)
Enter new mailing address, if applicable:		FLC
• • • • • • • • • • • • • • • • • • • •		24 -
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or r registered agent and/or the new registered office	registered office address on our records, <u>ente</u>	er the name of the new
The new registered office	address nere.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street 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 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>Address</u> Type of Action Title Name P.O. Box 1209 **Matthew Crews AMBR ■** Add Bunnell, Florida 32110 □ Remove 17 Maple Street Joseph Rizzo **AMBR ■** Add Flagler Beach, Florida 32136 □ Add ☐ Remove ☐ Add □ Add ☐ Remove

or filed date and can	(opt not be more than 90 day	tional) s after
<u> </u>		
authorized representa	ative of a member	
orinted name of signe	e	2014 F EB SECRUT TALLARI
		E LAR
, a	authorized representa	or filed date and cannot be more than 90 day.

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

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Filing Fee: \$25.00