

L14 000037340

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 JUL 18 AM 11:18

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NIGEL'S JAMAICAN ALMOND WORLD, 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:

BRUCE SATTER
Name of Person

NIGEL'S JAMAICAN ALMOND WORLD, LLC
Firm/Company

2730 SW 13 STREET #204
Address

DELRAY BEACH, FLORIDA 33445
City/State and Zip Code

EJET1@MSN.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRUCE SATTER at (305) 720-3386
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

FILED
2014 JUL 18 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NIGEL'S JAMAICAN ALMOND WORLD, 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 03/05/14 and assigned Florida document number LH000037340.

This amendment is submitted to amend the following:

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

JAMAICAN ALMONDS, LLC

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)

776 BURGUNDY Q
DELRAY BEACH, FL 33484

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

335 E. LINTON BLVD #2045
DELRAY BEACH, FL 33483

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: _____

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

NO CHANGES

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input 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

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

N/A

Four horizontal lines for amending information.

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

07/14/14

Handwritten signature of Bruce Satter

Signature of a member or authorized representative of a member

BRUCE SATTER

Typed or printed name of signer

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2014 JUL 18 AM 11:18
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA