

L16000049641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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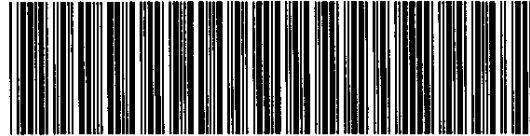
(Business Entity Name)

(Document Number)

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JUN 06 2016

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jamaican Tastee Patties Distribution, 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:

Donna Lawrence
Name of Person

Jamaican Tastee Patties Distribution, LLC
Firm/Company

13331 SW 74 Street
Address

Miami FL 33183
City/State and Zip Code

lanceprt@bellsouth.net
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Lancelot D. Williams at (305) 878-2716
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**

Jamaican Tasty Patty Distribution, 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 March 10, 2106 and assigned Florida document number L16000049641.

This amendment is submitted to amend the following:

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

Jamaican Tastee Patties Distribution, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

13331 SW 74 Street

Miami FL 33183

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13331 SW 74 Street

Miami FL 33183

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: Donna Lawrence

New Registered Office Address: 13331 SW 74 Street, Miami FL 33183

Enter Florida street address

Miami, Florida 33183

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

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

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 5/26/2016, _____

Lancelot P. Williams

Signature of a member or authorized representative of a member

Lancelotti D. Williams

Typed or printed name of signee

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Lancelot Williams	13220 SW 132 Ave #8	<input checked="" type="checkbox"/> Add
		Miami FL 33186	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Donna Lawrence	13331 SW 74 Street	<input checked="" type="checkbox"/> Add
		Miami FL 33183	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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