16000116576

•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Durings Fakh Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700293298547

12/19/16--01014--001 **25.00

DEC 2 1 2016 Y SULKER

COVER LETTER

Division of Cor	porations		
JERK CHIO	CKEN EXPRESS LLC		
*.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DANIEL E MUFORO		
	 	Name of Person	
	JERK CHICKEN EXPRES	SS LLC	
		Firm/Company	
	12309 UNIVERSITY MA	LL CT #12	
		Address	
	TAMPA, FL 33612		
		City/State and Zip Code	
	AFRICA75@GMAIL.COM		
		to be used for future annual report notifica	ation)
For further information c	oncerning this matter, please ca	all:	
DANIEL E MUFORO		305 303-303-0285	
Name o	f Person	Area Code Daytime T	elephone Number
Enclosed is a check for t	he 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:

TO:

Registration Section

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

JERK CHICKEN EXPRESS LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) of Organization for this Limited Liability Company were filed on 1100001067

The Articles of Organization for this Limited L	iability Company	were filed on 06/14/2016		_ and assigned	
Florida document number L1600011657	<u> </u>				
This amendment is submitted to amend the foll	lowing:				
A. If amending name, enter the new name o	of the limited liab	oility company here:			
N/A					
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation	n "LLC" or the abbrev	viation "L.L.C."	
Enter new principal offices address, if applic	12309 UNIVERSITY M	ALL CT# 12			
(Principal office address MUST BE A STREET ADDRESS)		TAMPA FL 33612			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	12309 UNIVERSITY MALL CT #12 TAMPA, FD 33612				
B. If amending the registered agent and registered agent and/or the new registered o					<u>ew</u>
Name of New Registered Agent:	DANIEL E MUFORO				
New Registered Office Address:	12309 UNIVE	RSITY MALL CT #12 Enter Florida street	address		
	ТАМРА		, Florida <u>33612</u>		
		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 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>	Address	Type of Action
MGR	SHELLY ANN BELL	12309 UNIVERSITY MALL CT #	
		TAMPA FL 33612	☐ Remove
			☐ Change
AMBR	DANIEL, E. MUFORO	12309 UNIVERSITY MALL CT #	
		TAMPA FL 33612 12309 UNIVERSITY MALL CT # TAMPA FL 33612	☐ Remove
			■ Change
			☐ Remove
			GRange
			LI Aga
			Remove
			Change
	· · · · · · · · · · · · · · · · · · ·		
			□ Remove
			Change
			□ Add
			☐ Remove
			☐ Change

•			
			_
			_
			_
	· · · · · · · · · · · · · · · · · · ·		
			
			_
			5
		1 H (230
		- 3 25	6 1 3
			-
		1.0	4:
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more	(optional)		_ 4
lote: If the date inserted in this block does not meet the applicable statutory filing ocument's effective date on the Department of State's records.	requirements, this date wi	ll not be li	isted as
e record specifies a delayed effective date, but not an effective tir The 90th day after the record is filed.	me, at 12:01 a.m. on	the ear	lier o
1- 1- 11			
Pated /2/6,			
Holl	A		
Signature of a member or authorized representative o	f a member		

Page 3 of 3

Filing Fee: \$25.00