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DIVISION OF COMPORATIONS

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JUL 18 2017

## **COVER LETTER**

	Registration S Division of Co					
CUD IEZ:	Jackson's	Prime, LLC				
SUBJEC	1:	Name of Lim	nited Liability Company			
The enclo	sed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please ret	urn all corresp	oondence concerning this matter	to the following:			
		Thomas M. Bluth				
		-	Name of Person			
		Jackson's Prime, LLC				
		Firm/Company				
		301 East Las Olas Blvd. Suite 210				
		Fort Lauderdale, FL 3330	1			
		City/State and Zip Code				
		tom.bluth@stiles.com	to be used for future annual report notifi	igntion		
For furthe	r information	concerning this matter, please co	•	(Cation)		
Thomas M	M. Bluth		954 627-9281			
	Name	of Person		Telephone Number		
Enclosed	is a check for	the following amount:				
<b>■</b> \$25.00	0 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 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

Jackson's Prime, LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compan	y were filed on 02/12/2017	and assigned
Florida document numberL17000034705		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<del></del> -	9 3
		FILED  HISION OF CORFGIVATIONS
Enter new mailing address, if applicable:	<del></del>	
Mailing address MAY BE A POST OFFICE BOX)		
		<del></del>
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		
Name of New Registered Agent:	····	
New Registered Office Address:		
	Enter Florida street ada	dress
		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 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	DMS Restaurant Group, LLC	301 East Las Olas Blvd, Suite 210	<b>X</b> Add
		Ft. Lauderdale. FL 33301	☐ Remove
		<del></del>	Change
			□ Add
		<del></del>	Remove
			□ Change
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	DICHISION OF CONCENTIONS
	CONCORATION
ffect	ve date, if other than the date of filing:
i an ei	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after a line a process of the contract of the cont
1010.	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
	•
e red The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
Dated	7-14-2017 Laut F. Clur
	Kun J. Ilin

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00