

L17000155867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

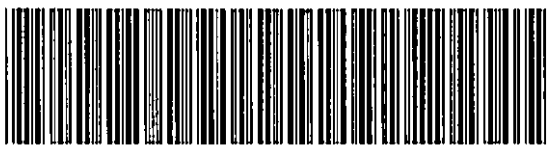
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
18 JAN - 5 AM 12: 02

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Miles Jaye Restaurants 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:

Miles J. Davis, Sr.

Name of Person

Miles Jaye Restaurants LLC

Firm/Company

9526 Argyle Forest Blvd., B2 #461

Address

Jacksonville, FL 32222

City/State and Zip Code

miles.jaye@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Miles J. Davis, Sr.

904 233-5575  
at ( )

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**

Miles Jaye Restaurants 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 July 20, 2017 and assigned Florida document number L17000155867.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
18 JAN - 5 AM 12:00

**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 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          | Linda V. Price | 2505 Bear Paw Court    | <input type="checkbox"/> Add               |
|              |                | St. Augustine FL 32092 | <input checked="" type="checkbox"/> Remove |
|              |                |                        | <input type="checkbox"/> Change            |
|              |                |                        | <input type="checkbox"/> Add               |
|              |                |                        | <input type="checkbox"/> Remove            |
|              |                |                        | <input type="checkbox"/> Change            |
|              |                |                        | <input type="checkbox"/> Add               |
|              |                |                        | <input type="checkbox"/> Remove            |
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|              |                |                        | <input type="checkbox"/> Change            |
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|              |                |                        | <input type="checkbox"/> Remove            |
|              |                |                        | <input type="checkbox"/> Change            |

