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COVER LETTER

TO:

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
SUBJECT: Jakeke'S Family Food'S
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:
Dakerra Sparkman
Jakekeis family Food's
734 S central Ave
APUNKA £1 32703 City/State and Zip Code
Jakerra Bolden D Jahov com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (407) 637-7732 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \(\subseteq \subs
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS: Registration Section Division of Corporations Cliffon Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jakeke's 1	Family	Food'S		
(Name of the Limit	ed Liability Compar (A Florida Limited L	iy as it now appears or iability Company)	our records.)	
The Articles of Organization for this Limited Life Florida document number 170015	, , ,	were filed on	76/701	and assigned
Florida document number 1 1000 5	4 105			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liabi	lity company here:		
			<u></u>	
The new name must be distinguishable and contain the w	ords "Limited Liabili	ty Company," the desig	nation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applications	able:			<u> </u>
(Principal office address MUST BE A STREE	T ADDRESS)			Sio4
				2 - 1
Enter new mailing address, if applicable:				PH T
(Mailing address MAY BE A POST OFFICE I	<u>8<i>OX</i>)</u>			
				<u></u>
B. If amending the registered agent and/or the new registered of			r records, <u>ente</u>	er the name of the new
Name of New Registered Agent:	Jakern	a Spark	man_	
New Registered Office Address:	1006	<u> antana</u> Enter Florida s	treet address	
	eust	1 S City	, Florida _	32126 Zip Code

New Registered Agent's Signature, if changing Registered Agent:

1

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
 			□ Add
			☐ Remove
			Change
			□ Remove
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			Remove
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			□ Remove
			Change

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	DIVISION OF CHISE DEPARTMENT	ယ္
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Effect fan ef	ive date, if other than the date of filing:	to 605.0207
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be sent's effective date on the Department of State's records.	e listed as
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е ге	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e	arlier of
The	90th day after the record is filed.	
Dated	August 14th 2017	
	Signature of a member or authorized representative of a member	_
	Mi and Daylera and	

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Filing Fee: \$25.00