11700)196378

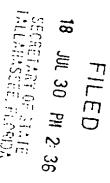
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COVER LETTER

	gistration Sec cision of Corp				
CONTRACT		RIBBEAN CAFE LLC			
SUBJECT:		Name of Lim	nted Liability Company		
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	n all correspon	ndence concerning this matter	to the following:		
		CHERYL CARANGUE			
			Name of Person		_
		CARANGUE & CARANG	GUE PA		
			Firm/Company		_
		5607 UNIVERSITY BLV	D W		
			Address		_
		JACKSONVILLE, FL 32	216		
		INFO@CARANGUE-LMS	City/State and Zip Co	ode	_
		•		ual report notification)	
For further i	nformation co	oncerning this matter, please ea	all:		
CHERYL C	CARANGUE		904 at ()	743 2360	
	Name of	Person	Area Code	Daytime Telephone Numb	et.
Enclosed is:	a check for the	e following amount:			
≡ \$25.00 I	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing F Certified Copy tadditional copy is	Certific s enclosed) Certific	Filing Fee, rate of Status ed Copy al copy is enclos
	Registra	NG ADDRESS:	Regis	EET/COURIER ADDRESS: stration Section	
	Divisior P.O. Bo	n of Corporations x 6327		ion of Corporations on Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOJO CARIBBEAN CAFE LLC		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records ed Liability Company)	<u>s,</u>)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L17000196378</u> .	ny were filed on <u>09-21-2017</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC"	"or the abbracation "L.L.C."
Enter new principal offices address, if applicable:		13 1 1
(Principal office address MUST BE A STREET ADDRESS)		3 10
Enter new mailing address, if applicable:		30.00
(Mailing address MAY BE A POST OFFICE BOX)		-
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres:	, <u> </u>
	, Flo	orida
	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	ALEXANDER JOHNSON	3135 GROVELAND DR	Add
		ORANGE PARK 32065	■ Remove
			Change
			Add
			Remove
			Change
			Change JUL DA Add E Remove Oplo A Change
			2: 36 10210 P Change
			Remove
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			□ Remove
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			□ Remove
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ffectiv	ve date, if other than the date of filing: (optional)	
r'an effe	ective 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 differ the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be l	
Note:	ent's effective date on the Department of State's records.	
locume		
locume	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea 90th day after the record is filed.	rlier of:
docume ne reco	90th day after the record is filed.	rlier of:
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Page 3 of 3

Filing Fee: \$25.00