

L17000 214919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

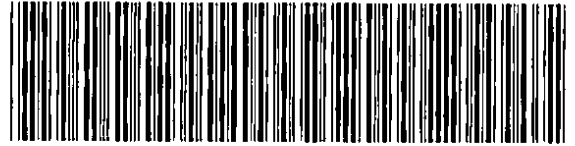
(Business Entity Name)

(Document Number)

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SEP 14 2023
S. HURT
09/14/23

CT CORP
(850)656-4724
3458 Lakeshore Drive,
Tallahassee, FL 32312

Date: 09/14/2023

Acc#I20160000072

eric DW

Name:	Jackson Airport Concessions, LLC
Document #:	
Order #:	15126734

Certified Copy of Arts & Amend:	<input type="checkbox"/>	2023 SEP 14 PM 12:40 OFFICE OF THE CLERK OF THE SUPREME COURT STATE OF FLORIDA	
Plain Copy:	<input type="checkbox"/>		
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Verifier _____
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Ref# _____

Amount: \$ **55.00**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JACKSON AIRPORT CONCESSIONS, 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:

Arevis Piedra
Name of Person
SSP America
Firm/Company
20408 Bashan Drive, Suite 300
Address
Ashburn, VA 20147
City/State and Zip Code
arevis.piedra@foodtravelexperts.com
E-mail address: (to be used for future annual report notification)

2023 SEP 14 PM 12:40
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For further information concerning this matter, please call:

Linda Stauffer at (713) 332-3754
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JACKSON AIRPORT CONCESSIONS, 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 10/17/2017 and assigned Florida document number L17000214919.

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)

DIVISION OF CORPORATIONS
2023 SEP 14 PM 12:40

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>
MBR	JSF AIRPORT CONCESSIONS, LLC	950 NW 3RD AVENUE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33136	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: _____ (optional)
(If an effective 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 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 7, 2023

/s/ Arevis Piedra
Signature of a member or authorized representative of a member

Arevis Piedra
Typed or printed name of signee

Filing Fee: \$25.00