L17000 260 828

(R	equestor's Name)		
(A	ddress)		
,			
(A	ddress)	-,,,-	
	ity/State/Zip/Phone #)		
(C	ityrotaterzipri-none #)		
PICK-UP	WAIT	MAIL	
	TANK MALEN		
(8	usiness Entity Name)		
(Ď	ocument Number)		
O-315-4 O1			
Certified Copies	Centificates o	or Status	
Special Instructions to Fil	ing Officer		
	ing Officer,		

Office Use Only



500427090355

SECRETARY OF STAT

2024 APR 15 AM 10: 04

(3)

RECEIVED
2824 APR 15 AM 9: 58

COVER LETTER

TO: Registration Se Division of Cor					
	OCERY AND RESTAURANT	LLC			
SUBJECT:	Name of Lim	ited Liability Company	· · ·		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	VESNA BEGER				
	·····	Name of Person			
	V & B ACCOUNTING SERVICES, INC				
		Firm/Company			
	8825 PERIMETER PARK	BLVD #302	- 1		
	·	Address			
	JACKSONVILLE, FL 322	216	是是		
	-	City/State and Zip Code	哥 5		
	VANDBACC@GMAIL.CO		20 至		
For further information c	E-mail address: (concerning this matter, please c	to be used for future annual report notifical:	SECRETARY CASSITE		
VESNA BEGER		904 422-6813	·		
Name o	of Person	Area Code Daytime	Telephone Number		
Enclosed is a check for the	he 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 Addres Registration S		Street Address: Registration Sect			
Division of C	Corporations	Division of Corporate Centre of Ta			
P.O. Box 632 Tallahassee, 1		2415 N. Monroe			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F & E GROCERY AND RESTAURANT LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on 12/22/2017	and assigned
Florida document number L17000260828		
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 I	iability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SECRETARY SECRETARY
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter th</u>	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	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, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	FABIO ESPINAL	3426 WINDY HILL PL	□ Add
		JACKSONVILLE, FL 32246	■Remove
			☐ Change
AMBR	ALBANI PEREZ	3906 FOREST BLVD	≡ Add
		JACKSONVILLE, FL 32246	□Remove
			□ Remove □ Change □ Add □ Remove □ Add □ Remove □ Add □ Remove
			
			SOC II
			©Remeve
		<u></u>	□Ađd
			Remove
			Change
			□Change.

-				<u>. </u>			
-							
					· · · · · · · · · · · · · · · · · · ·		
-				 			
-		 					
-		<u> </u>	<u> </u>	<u> </u>			
						<u>-</u>	
				<u> </u>	<u> </u>		
-	-				<u>-</u>		
•		<u>-</u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·		2021	
						2024 APR SECRE	3 5 1
					· · · · · · · · · · · · · · · · · · ·	A. 5	
•						HO OF	-21
					•••	2	
							
•			· -	· · · · · · · · · · · · · · · · · · ·			
(If an ef Note:	Tective date is listed, If the date inserte	than the date of fili the date must be specific a d in this block does not e on the Department of	nd cannot be prior to meet the applicab	date of filing or more le statutory filing re	(option than 90 days after quirements, this	iling.) Pursuant to 605.0)207 (d as t
he reco ord is fi		ed effective date, but n	ot an effective time	e, at 12:01 a.m. on t	he earlier of: (b)	The 90th day after	the
Dated	04/11/2024			.•			
	_ W	Signature of	Production of authorities	zed representative of a	member		
		-					

Filing Fee: \$25.00