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JUN 15 2019 I ALBRITTON

## COVER LETTER

TO:	Registration Se Division of Cor			
	RS&F Res	staurant Group LLC		
SUBJ	ECT:			
		Name of Limite	d Liability Company	
The er	iclosed Articles of	Amendment and fee(s) are submi	tted for filing.	
Please	return all correspo	ndence concerning this matter to	the following:	
		FRANK ANGRISANI		
			Name of Person	
			Firm/Company	
		3242 PERIMETER DRIVE	` · ·	
			Address	
		GREENACRES FL 33467		
		sal.angrisani@yahoo.com	City/State and Zip Code	
		E-mail address; (to l	be used for future annual report notif	fication)
For fu	rther information co	oncerning this matter, please call:		
FRA	NK ANGRISANI		561 543-4260	
	Name of	f Darcon	at ()	e Telephone Number
	Name of	1103011	Area code Dayona	retermine remarks
Enclos	ed is a check for th	ne following amount:		
<b>■</b> \$2	5.00 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)
	Registra Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Sectio Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle

## ARTICLES OF ORGANIZATION OF

RS&F RESTARUANT GROUP LLC

(Name of the Limited Liah (A Flor	ility Company as it now app ida Limited Liability Compan	ears on our records.) y)	
The Articles of Organization for this Limited Liability Florida document number	Gompany were filed on	FEBURARY 7, 2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	 <u>mited liability company</u>	here:	
Jimmy C's Italian Deli & Catering LLC			
The new name must be distinguishable and contain the words "L	inlited Liability Company," th	e designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	<u>DRESS)</u>		
			—————————————————————————————————————
		• •	
Enter new mailing address, if applicable:		•	
(Mailing address MAY BE A POST OFFICE BOX)			<del></del>
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		on our records, <u>enter th</u>	ne name of the n
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	Florida street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Register	red Agent:		
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	complete performance agent as provided for it red office address. I hel	of my duties, and I am far a Chapter 605, F.S. Or, if	niliar with and this document is
	If Changing Registered	Agent, Signature of New Regis	stered Agent

MGR = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Remove
			Change
			Add
			☐ Remove
			Change
			Add
			☐ Remove
			Change
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			Remove
			☐ Change
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or removed from our records:

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No enem of the case of the cas	
E. Effective date, if other than the date of filing:	(optional)
	of the prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(
	he applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of State's	records.
	but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.	
15 72, 7019	
Dated <u>UD - 45 - 801 ( </u>	
Dated 05-23-2019	1 -
	1, -
	or authorized representative of a member
Signature of a memp	or anthorized representative or a member
MANIC ANG	RICANI
Type	d or printed name of signee
1714	

Page 3 of 3

Filing Fee: \$25.00