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(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL.
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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SECRETARY OF STATE
TAIL ANASSEE, FI ORIDA

K. SALY MAR 11 2018

COVER LETTER

	istration Sec ision of Corp				
CHRICT.		a & Bar Jax, LLC			
SUBJECT:		Name of Limited Liability Company			
The enclosed	l Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		Samuel L. LePrell			
			Name of Person	•	
		Samuel L. LePrell, Attorne	ey and Counselor at Law		
			Firm/Company		
		1930 San Marco Boulevar	d, Suite 201, St. Mark's Place		
			Address		
		Jacksonville, Florida 3220	7		
			City/State and Zip Code		
		bpatel@subwaygold.com		1.0	
			to be used for future annual report no	lification)	
For further it	oformation co	ncerning this matter, please ca	all:		
Samuel LeP	rell		904 390-2705 at ()		
	Name of	Person	Area Code Daytir	ne Telephone Number	
Enclosed is a	a check for the	following amount:			
■ \$25.00 F	iling 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4.	FILED
. 18 ≎~:	MAR SO
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Rosati's Pizza & Bar Jax, 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 C	Company were filed on February 28, 2018	and assigned
Florida document number L18000053097	<u></u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Jax Pizza & Bar, LLC		
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	s
		Orida Zip Code
	·	Zip Code
New Registered Agent's Signature, if changing Registere	d Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my duties, an gent as provided for in Chapter 605, i ed office address, I hereby confirm tha	nd I am familiar with and F.S. Or, if this document is
	If Changing Registered Agent, Signature o	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: FILED MGR = Manager 18 MAR -9 PM 3:55
SECRETARY OF STATE
TALLAHASSEE: FI ORIDA AMBR = Authorized Member **Title** <u>Name</u> <u>Address</u> **Type of Action** □ Add □ Remove ☐ Change □ Add □ Remove Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove

_□ Change

	FILED 18 MAR -9 PM 3: 55 SECRETARY OF STATE TALLAHASSEE, FLORIDA
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Effective date, if other than the	date of filing: (optional)
I'an effective date is listed, the date mus	st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3
document's effective date on the D	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
ne record specifies a delayed	d effective date, but not an effective time, at 12:01 a.m. on the earlier of:
The 90th day after the rec	
) () . (-	2019
Dated March 5	2018
\sim	1
_ J From	Signature of a member or authorized representative of a member
-	
Dipeshkumar Patel	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00