LIBOUCSATON

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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SECNETATION STATE
TALLAHASSEE FLORIDA

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COVER LETTER

TO: Registration Section Division of Corpor	
S	URWAY 35006 LLC
SUBJECT: 5	Name of Limited Liability Company
The enclosed Articles of Am	endment and fee(s) are submitted for filing.
Please return ail corresponde	ence concerning this matter to the following:
	OVEZ KAR-IM Name of Person
	Name of Person
	SUBWAY 35000 LLC
	Firm/Company
	7060 VIA LEONARDO Address
	Address
	LAKE WORTH, FL 33467 City/State and Zip Code
	City/State and Zip Code
_	E-mail address: (to be used for future annual report notification)
For further information conc	erning this matter, please call:
ANDIEW SI	DCOL 305, 653-7350
Name of Per	rson at (305) 653-7350 Area Code Daytime Telephone Number
Englosed is a check for the fo	ollowing amount:
\$25.00 Filing Fee [□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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

SUBWAY 35	006 LLC		
(Name of the Limited I	Liability Company as it now appe Florida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liabi Florida document number <u>し</u> なり000547	lity Company were filed on _	MARCH 1, 2019	3 and assigned
This amendment is submitted to amend the followi	ng:		
A. If amending name, <u>enter the new name of th</u> \$\instyle UB35006		<u>here</u> :	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the	designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicabl	e:		
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO			
	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		on our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			Arr. A
New Registered Office Address:	Enter F.	lorida street address	R 28
		. Florida 🚉	
-	City		Zin 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
			Add
			□ Remove
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(If an eff <u>Note:</u>	ive date, if other that fective date is listed, the date inserted in lent's effective date on	ate must be specifi- this block does t	e and cannot be post meet the ap	plicable statuto			ng.) Pursuant to	
				not an effec	ctive time, at	12:01 a.n	n. on the ea	arlier of:
	90th day after th							
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) The	90th day after th	۲)			entative of a memb	ber		-

Page 3 of 3

Filing Fee: \$25.00