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JANGERY TROPPLEMENTER

COVER LETTER

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Division of Corporations
SUBJECT: JYB's Great Roadside Delights 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:
Bobby D strong Sachson Name of Person Sachson StB's Great Roadside Delights LLC Firm/Company
4501 Autumn words way
Tallahasse FL 32303 City/State and Zip Code Bobbustrong Sachson Cychon Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Same of Person at (813) 562 7382 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25,00 Filing Fee \$ Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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

1+13's Great Roadsia	le Delights u	_C		
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now <u>hobears on our rec</u> ed Liability Company)	cords.)		
	iny were filed on 12/28	2018 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	enter the new name of the limited liability company here: guishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" fices address, if applicable: s MUST BE A STREET ADDRESS) ress, if applicable: BE A POST OFFICE BOX) istered agent and/or registered office address on our records, enter the finite of the new registered egistered office address here: Registered Agent: d Office Address: Enter Florida street address Florida Florida			
	and assigned ecument number L 19 DDDDDDD 99 and assigned ecument number L 19 DDDDDDD 99 and assigned ecument number L 19 DDDDDDD 99 and assigned ecument is submitted to amend the following: Inding name, enter the new name of the limited liability company here: In office address if applicable: It office address MUST BE A STREET ADDRESS) In office address MUST BE A STREET ADDRESS) In office address MUST BE A STREET ADDRESS) In office address MAY BE A POST OFFICE BOX) In office address on our records, enter the figure of the new registered office address here: New Registered Office Address: Enter Florida street address Enter Florida street address			
The new name must be distinguishable and contain the words "Limited Li	ability 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)				
		E ₹ TI		
Enter new mailing address, if applicable:		33 6 E		
(Mailing address MAY BE A POST OFFICE BOX)		ं इ		
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the Articles of Organization for this Limited Liability Company were filed on 12/28/2016 and assigned orida document number L19000000 99. This amendment is submitted to amend the following: 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 "LLC" and the mean must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" and the new registered address. If applicable: **Principal office address MUST BE A STREET ADDRESS** The mean mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the mail of the new registered enter and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: **Enter Florida street address** **Enter Florida street add				
agent and/of the new registered office address here.				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	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

Title	<u>Name</u>	<u>Address</u>	Type of Action
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(If an eff <u>Note:</u>	ive date, if other than the date of filing: DIDD (optional) ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listent's effective date on the Department of State's records.	
f the recorecord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte led.	r the
Dated	1-1 2020	
	Signature of a member or authorized representative of a member	
	1 2005 1 11/12/2005	

Filing Fee: \$25.00