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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE		ROADSIDE LLC		
эовуг.	CI	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	·	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		JOSEPH HOLMES		
			Name of Person	
			Firm/Company	
		11110 ROYAL PALM BL		
		CORAL SPRINGS FL 330	Address 965	
		MQPCORALSPRINGS@C	City/State and Zip Code iMAIL.COM	
		E-mail address: (to be used for future annual report no	tification)
For furt	her information co	oncerning this matter, please co	all:	
BARBA	ARA FRANCOIS		954 856-7072 at ()	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclose	d is a check for th	e 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)
	MAILI	NG ADDRESS:	STREET/COUF	uer address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J HOLMES ROADSIDE 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 Company were filed on $\frac{02/06/2019}{1}$ and assigned Florida document number L19000037192 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: J HOLMES ROADSIDE LLC MR OUICK PICK CORAL SPRINGS FLA The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." ع Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

_ Florida _

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
			☐ Change
			
			□ Remove
			Change
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	te, if other than the date of filing: (optional)	
 Effective dat 	date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Put date inserted in this block does not meet the applicable statutory filing requirements, this date will	
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Typed or printed name of signee

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