R WHITE JUL 17 23

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
(Business Entity Nam	ne)
(Document Number)	
Certified Copies Certificates	of Status
Special Instructions to Filing Officer:	

Office Use Only



800331873968

07/17/19--01014--008 \*\*25.00

## COVER LETTER

TO: Registration Se Division of Cor		<b>a</b> ,	
SUBJECT:	Bis Joschan Rame of Link	py Situce, U	<u>c</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JAME	S W TANTI Name of Person	
		Separally Sx	vec, LLC
	10 00	oc Simmers 1	2010
	Sopeha	ppy, FL 37	1350
For further information co	oncerning this matter, please ca	all:	
SUBJECT: JB'S Sopehappy Sauce, U.C.  Rame of Limited Lability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:    James W Tamit   Name of Person   Joy James Java Loca, U.C.   Firm/Company Sauce, U.C.   Firm/Company Sauce, U.C.   Firm/Company Sauce, U.C.   Firm/Company Java Sauce, U.C.   E-mailladdress: (topfolissed) for future annual report notification)  For further information concerning this matter, please call:   Desting Tantt   at (BSO) Sign - 7333   Name of Person   Area Code   Daytine Telephone Number   Conclused is a check for the following amount:			
Name	i Cison	Area Code Daytime	reteptione Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

JB15 5	onchoppy JAUL	e, LLC AHIO:
( <u>Name of the Limited Li</u> (A F)	althty Company as it now appears of orida Limited Liab hty Company)	n dur records.)
The Articles of Organization for this Limited Liabili Florida document number	· · · · ——	1/22/19 and assigned
This amendment is submitted to amend the followin	g:	
A. 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 desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or registered agent and/or the new registered office		ur records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Floride	i street address
_		, Florida
	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Michard Scott Tha	TAILALMASSEE, FL	<u> </u>
		TAMADDEC, FL	Remove
		<u> </u>	Change
			Add
			☐ Remove
			☐ Change
			Add
			Remove
			Change
<del></del>			
			☐ Remove
			Change
<del></del>			🗀 Add
			□ Remove
			☐ Change
			D Add
			□ Remove
			☐ Change

-	
-	
_	
-	
-	
-	
_	
_	
-	
-	
~	
_	
-	
-	
_	
ffecti	ive date, if other than the date of filing:
ore:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocum	ent's effective date on the Department of State's records.
a <b>.</b>	
The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on the dath of the fecord is filed.
	. /
ated	7/17 2019
	and all Assistances

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00