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(Re	equestor's Name)	
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## **COVER LETTER**

SUBJECT: JM Subs FI	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	John Damico		
		Name of Person	
		Firm/Company	<del> </del>
	10140 Sweet Bay St		
	Plantation, FL 33324	Address	
	seidledamico@me.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report	notification)
	ncerning this matter, please ca		
John Damico		954 553-000	
Name of	Person	at () Area Code Da	ytime Telephone Number
Enclosed is a check for the	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)
Mailing Address	i _	Street Address	<u>:</u>

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

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Registration Section
Division of Corporations

TO:

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

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on05/01/20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
MJ Subs Florida LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L	.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20 SE
(Principal office address MUST BE A STREET ADDRESS)		JAII 2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		3 3 3
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, ent	ter the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	bress
		Florida
<del></del>	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

JM Subs Florida LLC

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 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>	<u>Address</u>	Type of Action
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			□Remove
			Change
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effective date is listed, the date muse:  If the date inserted in this bl	lock does not mee	t the applicab	date of filing or i	nore than 90 days ng requirements	after filing.) Purs s, this date will	not be listed
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ord specifies a delayed effective	e date, but not an	effective time	e, at 12:01 a.m.	on the earlier of	of: (b) The 90t	h day after ti
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January 16		2020				
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Typed or printed name of signee