## L19000 217 699

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





400334929314

09/30/19--01015--029 \*\*

SECRETARY OF STATE

Y SULKER OCT 25 2019





October 17, 2019

J. LEMON PEPPER, LLC PO BOX 682 BRUNSWICK, GA 31521

SUBJECT: J. LEMON PEPPER, LLC

Ref. Number: L19000217699

We have received your document for J. LEMON PEPPER, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for RA Change, but it seems like you want to correct the Manager's information.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 219A00021459

Yasemin Y Sulker Regulatory Specialist III

www.sunbiz.org

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	J. Lemon Pe	PPER LLC ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Henr	Phillips Name of Person	
		S ASSOCICHA	<u>2</u> S
	PD_1	30V US 2	
	<u>Bruv</u> imbphi	SWICK GA 315. City/State and Zip Code Lips @ Com Ca to be used for future annual report notifi	521-0692 st.net
For further information c	oncerning this matter, please of		(Carton)
Henry	Phillips of Person	at ( <u>GJZ)</u> <u>AUH</u> Area Code Daytime	-4848 Telephone Number
Enclosed is a check for t	he 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

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Taflahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 266) Executive Center Circle Tallahassee, FL 32301

## ARTICLE'S OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J. Lemon Pepper (Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L1900031749</u>	6121.12010	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	ty company here:	
The new name must be distinguishable and contain the words "Limited Liabitity	Company," the designation "LTC" or the abbreviation "L.L.C."	
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)	ŽO19 C	-
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:  Name of New Registered Agent:	ce address on our records, enterstad name of the Property of Section 1975	<u>r</u>
New Registered Office Address:	STE AGINA	_
	Enter Florida street address	
	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	Chy Zap Code	
Thereby accept the appointment as registered agent and agree	o to see in this composity. I finisher cargo to comply with	th
provisions of all statutes relative to the proper and complete peacept the obligations of my position as registered agent as pro	erformance of my duties, and I am familiar with and $arepsilon$	

If Changing Registered Agent, Signature of New Registered Agent

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 Parson(s) authorized to manage, enter the title, name, and address of each person bein or removed from our records:

MGR = Manager

AMBR ≈ Au	ithorized Member		
<u>Title</u>	Name	Address	Type of Act
MGIR	Nehad Hemaid	8731 Berry Ave Jacksonville, FL 32211	D Add
		Jacksonville, FL 32211	□ Remove
			Change
MGR	Nehad Hamaid	8731 Berry Ave	<b>©</b> Add
		Jacksonville, FL 322	Remove
			Change
			O Add
			□ Remove
			Change
			□ Remove
			☐ Change
			□ Remove
			Change
			Remove
			□ Change

***	
L' ffantise	date, if other than the date of filing: (optional)
(If an effect)	we 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 605,0207 (
Note: If t	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
document	's effective date on the Department of State's records.
the recor ) The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
, 1116 56	and any circle the record is med.
18 1	10/22/19
Dated	
	Child II (
	Signature of a member of authorized representative of a member
	GWEN LEWIS Typed or printed name of signee
	typed or printed name of signee

D. If amending any other laformation, enter change(3) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00