Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Division of Cor Fax Number	: (850)617-6383	
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From:			
	Account Name	: SOUSA & ASSOCIATES INC	
	Account Number	: 120190000111	2020
	Phone	: (407)800-7028	70
	Fax Number	: (407)992-9407	≥
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**Enter	the email addres	s for this business entity to be used fo	r future
		ngs. Enter only one email address pleas	
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	il Address:	info@sousanassociates.com	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JACOBS'S BRAZILIAN FOOD LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

7.03 Help

TO: Registration Section
Division of Corporations

cinicor.	JACOB'S BE	RAZILIAN FOOD LLC		
SUBJECT:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		MARIA C SOUSA		
		Name of Person		
		SOUSA & ASSOCIATES		
		Fimi/Company		
	51	728 MAJOR BLVD STE 309		
		Address		
		ORLANDO, FL 32819		
	City/State and Zip Code			
	INFO	@SOUSANASSOCIATES.COM		
	E-mail address: (to be used for future annual report no	tification)	
For further information of	concerning this matter, please c	all:		
MARIA	C SOUSA	407 800-7028		
Name o	of Person		ne Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monn Tallahassee, F	orporations Tallahassee oe Street, Suite 810	

H200001

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

JACOBS'S BRAZIL			
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears of Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.20000199051}{1.00000199051}$.	were filed on 07/10/	2020	and assig
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:	•	
JACOB'S BRAZILIAN FOOD LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the desig	nation "LLC" or the abb	reviation "L.L.C
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		020	
		2020 A.4G	17
D. A			
Enter new mailing address, if applicable:		- ليبا	-77
(Mailing address MAY BE A POST OFFICE BOX)			
		<u>~~_</u>	
		50	
B. If amending the registered agent and/or registered office a	address on our reco	ords, <u>enter the name</u>	of the new r
agent and/or the new registered office address here:			
Name of New Registered Agent:			· -
New Registered Office Address:			
	Enter Florida	street address	
		, Florida	
	City	,	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I have be a control of the conscious and an accidenced curve and curve		and a Complement	no to co1
I transfer appoint the appropriate and appropriate that are supplied to the contract of the co	DD 175 7101 111 11110 070	178'1731 1111'1107' /101'	w 10 COMM\

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docum 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_beit or removed from our records</u>:

H200002:

H2000C

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of A
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(If an el Note:	ive date, if other than the date of filing: [cotive 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. It the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed the date on the Department of State's records.
he reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte iled.
Dated	July 30 , 2020
	Signature of a member of authorized representative of a member
	difficultie to a member of authorities address inter- of a member
	MARIA C SOUSA

Filing Fee: \$25.00

H20000