

L20 000 223620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

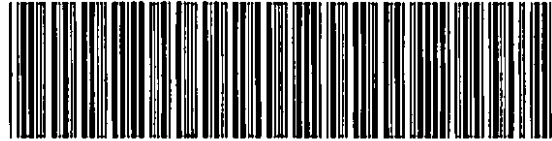
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400354067804

10/29/20--01015--015 **60.00

DEC 07 2020
S. YOUNG

FILED
2020 OCT 29 PM 6:22
CLERK OF COURT
JANIS L. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EAT'N - VEGAN CUISINE LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Angel Jackson
Name of Person

Firm/Company

4249 Irving Rd
Address

Jax, FL 32226
City/State and Zip Code

EatnVegan2030@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angel Jackson at (321) 278-6604
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|---|--|--|---|

Mailing Address:

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

Street Address:

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**

EAT'N- VEGAN CUISINE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2020 OCT 29 PM 6:22

FILED

The Articles of Organization for this Limited Liability Company were filed on 07/28/2020 and assigned Florida document number L20000223620

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

EAT'N VEGAN LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4249 Irving Rd
JACKSONVILLE, FL 32226

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 37042
JACKSONVILLE, FL 32236

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:

4249 Irving Rd

Enter Florida street address

Jacksonville, Florida 32226

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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

GR = Manager

MBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------|--|--|
| AP | MIA M POWELL | P.O. BOX 384 Groveand, FL 34736 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MBR | ANGEL JACKSON | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | 4249 IRVING Rd JACKSONVILLE, FL 32226 | <input checked="" type="checkbox"/> Change |
| AP | ALQAWSMI ZAID | | <input type="checkbox"/> Add |
| | | 431 W HIGHWAY 50 Clermont, FL 34711 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated October 19, 2020.

Angel Jackson
Typed or printed name of signer