## L20000314042

(Req	uestor's Name)	
(Addi	ess)	
(Adda	ess)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
	ness Entity Nar	
(busi	ness chury ivar	ne)
(Doce	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ina Officer:	





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DER, O. J. 2020

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JM FOOD DISTRIBUTION, LLC

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

	(A r fortua Limited Liability Company)		
The Articles of Organization for this Limited I Florida document number L20000314042		and assigned	
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liability company he	ere:	
JM FOOD DISTRIBUTORS, LLC			
The new name must be distinguishable and contain the	words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and/or agent and/or the new registered office address	registered office address on our re	ecords, enter the name of the new registered	
Name of New Registered Agent:	JACQUES DELBEAU-CHARLE	S	
New Registered Office Address:	15757 PINES BLVD, #223		
	Enter Flor	ida street address	
	PEMBROKE PINES	, Florida <sup>33027</sup>	
	Chy	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, 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>	Address	Type of Action
<u>AMBR</u>	MARIE Y. CHARLES	PEMBROKE PINES, FL 3302	<u>27</u> □ Add
			□Remove
			Change
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E ffectis	re date, if other than the date of filing: (optional)
If an effe <u>Note:</u> 1	tive date, if other than the date of filing:
e record rd is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the d.
Dated _	OCTOBER 20 2020
	MD Thinks of a member or authorized representative of a member
	JACQUES DELBEAU-CHARLES  Typed or printed name of signee

Filing Fee: \$25.00