

L21 000138267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

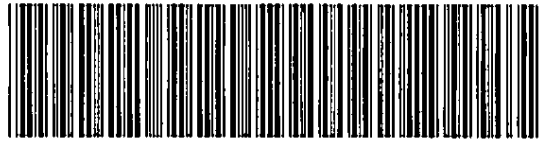
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

D BRUCE
SEP 10 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 11, 2021

JANICE N GRAY BOOTHE
8564 BERESFORD LANE
JACKSONVILLE, FL 32224

SUBJECT: YAH SUH NICE JAMAICAN CUISINE LLC
Ref. Number: L21000138267

We have received your document for YAH SUH NICE JAMAICAN CUISINE 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):

Please indicate the type of action to be taken.

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) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 621A00019155

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: YAH SUH NICE JAMAICAN 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:

JANICE N GRAY-BOOTH
Name of Person

YAH SUH NICE JAMAICAN CUISINE LLC
Firm/Company

8564 BERESFORD LANE
Address

JACKSONVILLE FL 32224
City/State and Zip Code

FINECUISINE3@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JANICE N. GRAY-BOOTH at (904) 962-1515
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

Dept OF STATE

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

SECRET
TALLAHASSEE, FL

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

YAH SUH NICE JAMAICAN ^{Cuisine} ~~REST~~ LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/24/2021 and assigned Florida document number L21000138267.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FL

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:

Enter Florida street address

Florida

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

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

Title	Name	Address	Type of Action
MGR	HARPER S ABBEY-Gale	15751 Twin Creek DL.	<input type="checkbox"/> Add
		JACKSONVILLE FL	<input checked="" type="checkbox"/> Remove
		32218	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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STATE OF FLORIDA
TALLAHASSEE, FL

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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SECT. 1A, SUB. 1
TALLAHASSEE, FLA.


E. Effective date, if other than the date of filing: 06 / 22 / 2021 (optional)

(If an effective 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 (3)(b)

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.

If the record 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 record is filed.

Dated June 22, 2021


Signature of a member or authorized representative

Signature of a member or authorized representative of a member

JANICE N CIRAY - BOOTH

Typed or printed name of signee

Filing Fee: \$25.00