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## **COVER LETTER**

Registration Section Division of Corporations

TO:

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:		
	WILLIAM E SMITH			
		Name of Person		
	J & W NORTH SIDE GRI	LL AND CATERING COMPAN	Y, LLC	
		Firm/Company		
	20024 DAYTONA WAY			
		Address		
	TAMPA, FL 33647			
		City/State and Zip Code		
	WILLIAMESMITH74@A1			
	E-mail address: (	to be used for future annual report not	itication)	
For further information c	oncerning this matter, please c	all:		
WILLIAM E SMITH		813 505-8385 at ( )		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne 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)	
Mailing Addres		<u>Street Address:</u> Registration Se	extion	
Registration Section Division of Corporations		Division of Co		
P.O. Box 632	·	The Centre of Tallahassee		
Tallahassee, 1	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J&W NORTH SIDE GRILL AND CATERING COMPANY, LLC

(Name of the Limited Liab (A Flor	ida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Florida document number L21000220082		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI		
IV 4	<del></del>	
Enter new mailing address, if applicable:		<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	vet address
		, Florida
<del></del>	City	, Florida Zip Code
New Registered Agent's Signature, if changing Register	red Agent:	
I hereby accept the appointment as registered ager provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	l complete performance of my d agent as provided for in Chapt ered office address, I hereby con	uties, and I am familiar with and er 605, F.S. Or, if this document is

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	WILLIAM E SMITH	20024 DAYTONA WAY	<b>=</b> Add
		TAMPA, FL 33647	□ Remove
AMBR MARI-ANA K SMITH	20024 DAYTONA WAY		
		TAMPA, FL 33647	Remove
			□Change
AMBR	KAELE M SMITH	20024 DAYTONA WAY	
	TAMPA, FL 33647	≡Remove	
		□Change	
MGR	JANA S SMITH	20024 DAYTONA WAY	
		TAMPA,FL 33647	_
			■Change
		<u> </u>	□Add
			⊡Remove
			☐Change
			□Add ়০ ৄ ☐Remove
			□Change

<u> </u>		
<del> </del>		
	MAY 24, 2021	( D
ffective date, if other than t	ne date of filing:	(optional) or more than 90 days after filing.) Pursuant to 605.020
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ocument's effective date on the	Department of State's records.	
	tive date, but not an effective time, at 12:01 a	a.m. on the earlier of: (b) The 90th day after the
l is filed.		
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ated MAY 24	· 2021	<b>()</b>
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_ 14. (~	ull & Amil	- 20
	Signature of a member of authorized represent	tative of a member
•		
WILLIAM E SMITE		다. 야

Filing Fee: \$25.00