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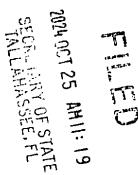
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COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT: MA	IN STREET	FOOD PARK LL	C _		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Limit	ted Liability Company			
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.			
Please return all correspon	dence concerning this matter t	o the following:			
·	-	-			
	CHERRON	JoHNSON Name of Person			
	MAIN STR	EET FOOD DARY	<u> </u>		
	1224 N 1	Address	-		
	JACKS	City/State and Zip Code	200		
	E-mail address: (to	a 4 @ MSA . Com o be used for future annual report notif	ication)		
For further information co	neerning this matter, please ca	11:			
CHERK	LON JOHNSON	^* \	- SS 3/		
Name of	Person	Area Code Daytime	e Telephone Number		
Enclosed is a check for the	c following amount:				
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	c of Serius 27 COMPOSITION OF THE COMPOSITION OF TH	erana repair
Mailing Address Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7	Street Address: Registration Second Division of Contract The Centre of T	porations allahassee	AMII: 19 OF STATE SSEE, FL	E.
		Tallahassee, FL	32303		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAIN STREET FOO (Name of the Limited Liability Compan (A Florida Limited Li	PAHC UC (v as it now appears on our records.) (ability Company)	
The Articles of Organization for this Limited Liability Company visited document number	4.010.01	assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile MAIN STREET FOOD PA The new name must be distinguishable and contain the words "Limited Liability".	RK AND MINI GOLF, L	LLC."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2403 N. MARKET ST Jacksonville, Fl 322	REET 2010
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	1224 N LAURA STREE Jacksonville, Fi 32	T20(0
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the n</u>	iew registered
Name of New Registered Agent:		·
New Registered Office Address:	Enter Florida street address Florida	
New Registered Agent's Signature, if changing Registered Agent:	City: Sp. Zip Coo	le M
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as position as registered agent as position filed to merely reflect a change in the registered office of the change.	performance of my duties, and I am fam th ar t rovided for in Chapter 605, F.S. Or, if this do	At h and cument is

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	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□ Add
			□Remove
			☐ Change
			□Add
			□Remove
			☐ ☐ Change
			□Add SFC 2024 L □ □Regnove T
			TALL AHASSEE, FL
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Effective date, if other than the It an effective date is listed, the date mus					5	2024 S.E.(
Effective date, if other than the	date of filing the specific an	rg:	to date of filing or	more than 90 days	ptional) 📑 atter filing.) Puri	mant to 605,020
Note: If the date inserted in this of	OCK COCS DOLL	meer me appre	ioic statutory in	ing requirements.	this date will	
document's effective date on the Di	epartment of :	State s records.			,	n. K
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	Signature Via	member or author	miled representati	ive of a member		
	Signature of a	member or autho	onzed representat	ive of a member		