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COVER LETTER

TO:

Registration Section

Division of Cor	rporations		
Jean Charle	es Sub Shop LLC	*	
SUBJECT:	Name of Lin	nited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Elysee Jean Charles		
		Name of Person	
		Firm/Company	
			25.52.4
		Address	
		City/State and Zip Code	
	Elysee.jeancharles@firehou		tification)
	E-mail address: (to be used for future annual report no	tification)
For further information of	oncerning this matter, please c	all:	
Elysee Jean Charles		863 812-1516 at ()	
Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is a check for the	he 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 Registration S		Street Address: Registration S	ection
Division of C	Corporations	Division of Co	orporations
P.O. Box 632 Tallahassee, 1		The Centre of 2415 N. Monr.	Tallahassee oc Strect, Suite 810
rananassee,	1200017	ΔTIJ IN, IVIUIII	or pareer, parte or o

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jean Charles Sub Shop		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our reco imited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Co.	mpany were filed on 7/27/2022	and assigned
lorida document number L21000290166	·	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	:SS)	12 12 ×50
		1_
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
		\tilde{G}
. If amending the registered agent and/or registered of gent and/or the new registered office address here:	office address on our records, <u>ente</u>	r the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
		lorida
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
ambr	Tessy Jean Charles	35902 US Hwy 27	
		Haines city, Fl. 33844	■Remove
			□Change
			□Add
			□Remove
			☐Ghange
			□ Remove
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te: If the date inserted in this	he date of filing: must be specific and cannot be prior to date of filing block does not meet the applicable statutory Department of State's records.		
cord specifies a delayed effec s filed.	tive date, but not an effective time, at 12:01 a	a.m. on the earlier of: (b) The 90th	day after the
	2022		
ed	=///		