## L21000309260

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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Jooda Restaurant and Bakery, LLC. SUBJECT: 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: Olnaida Rocourt Name of Person Firm/Company 300 NE 164 Terrace Address Miami, FL 33162 City/State and Zip Code rolnaida@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Olnaida Rocourt Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$30.00 Filing Fee & ☐ \$60.00 Filing Fee, □ \$25.00 Filing Fee ☐ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOODA RESTAURANT AND BAKERY LLC.	
( <u>Name of the Limited Liability Company as it now appears on our record</u> (A Florida Limited Liability Company)	<u>is.</u> )
The Articles of Organization for this Limited Liability Company were filed on 07/06/2021	and assigned
Florida document number <u>L21000309260</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
IOODA RESTAURANT, SUBS AND BAKERY, LLC.	
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)	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
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	<del></del>
B. If amending the registered agent and/or registered office address on our records, enter	the name of the new register
agent and/or the new registered office address here:	E)
	نت است است
Name of New Registered Agent:	707.
Mary Davigton & Office Addresses	7.2
New Registered Office Address:  Enter Florida street address	
ri	lorida 3 3
	Zip Codes
	-i 1/2

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 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
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