# KZ1000309260

(Requestor's Name)	_
(Address)	
(Address)	_
(City/State/Zip/Phone #)	_
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	7
Office Use Only	_



04/11/22-01074--002 \*•25.00

THE CONTON OF CONTONATIONS

T. MATTHEWS APR 2 8 2022

# **COVER LETTER**

### TO: Registration Section Division of Corporations

SUBJECT: \_\_\_\_\_

Jooda Restaurant, Subs and Bakery, 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:

Olnaida Rocourt

Name of Person

Jooda Restaurant, Subs and Bakery, LLC.

Firm/Company

12953 NW 7 Ave

Address

North Miami FI 33168

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	786	317-8112
· · · · · · · · · · · · · · · · · · ·	_ at ()	
Name of Person	Area Code	Daytime Telephone Number

linelosed 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) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OI	FAMENDM	ENT	
	ТО	FILE	The state
ARTICLES OF	ORGANIZA	ATION ETARY	DESTATIONS
	UF	22 <sup>3</sup> APR 11 LLC. ears on our records.	AN IN 54
Jooda Restaurant	. Subs and Bakery	22 APR II	<b>B</b> (110
( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now app d Liability Company	<mark>ears on our records.</mark> /)	
The Articles of Organization for this Limited Liability Compar	ny were filed on	07/06/2021	and assigned
Florida document numberL21000309260			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liz	bility company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited Lia	billing Community " th	a duction of 1 / <sup>500</sup>	system where the second s
	onity company, au	e designation - ence	of the appreviation of the
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)			
······			····
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on oui	r records, <u>enter tl</u>	he name of the new registere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	lorida street address	
		, Flor	rida
	Cirv		Zıp 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 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
MGR	Dalibert Jeune	300 NE 164 Terr Miami FI 33162	ƏAdd
			Remove
		<del>.</del>	Change
			Ladd
		<u> </u>	🗍 Remove
			[]Change
			Elchange
			🗆 Add
			🗌 Remove
			🗆 Change
			TAdd
		····	□Remove
			□Change
			bv:ت
			[]]Remove
			DChange

Joubert Olson Jeune	50%		
<u></u>			
		<u> </u>	
	·····		
·			
	······································		
	·····	· · · · · · · · · · · · · · · · · · ·	
tive date, if other than	the date of filing:	(optional date of tiling or more than 90 days after filing	)
fective date is listed, the date of the date inserted in the	e must be specific and cannot be prior to out the applicable does not meet	late of filing or more than 90 days after filing e statutory filing requirements, this date	g) Pursuant to 605 a will not be to t
, is the duce morney fit the	he Department of State's records.	e sandory ning requirements, tills dab	2.0011.002.020130

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

•

.

•

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	March 29			
Signature of a member or authorized representative of a member				
	Olnaida Rocourt			
Typed or printed name of signee				

Filing Fee: \$25.00