

121 000 314 702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

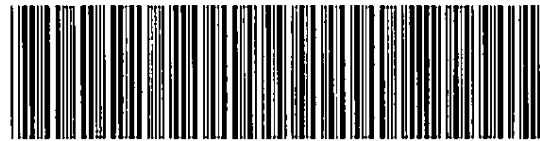
(Business Entity Name)

(Document Number)

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SUBJECT: _____

Taste of Jay's 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:

Jonathon J. Banks

Name of Person

Taste of Jay's LLC

Firm/Company

P.O. Box 601611

Address

miami, FL 33160

City/State and Zip Code

tasteofjay01@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathon Banks

Name of Person

at (904)

Area Code

520-2719

Daytime Telephone Number

Enclosed 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)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

... amending name, enter the new name of the limited liability company here:

Taste of Jay's 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)

250 E. Drive
North Miami Beach, FL 33162

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 601611
Miami, FL 33160

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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.

APR 11 2011 1:59

If Changing Registered Agent, Signature of New Registered Agent

_____ ☐ Change

_____ ☐ Add

Astar Bell ☒ Remove

_____ ☐ Change

_____ ☐ Add

Yonnia Lubin ☒ Remove

_____ ☐ Change

_____ ☐ Add

_____ ☐ Remove

_____ ☐ Change

_____ ☐ Add

_____ ☒ Remove

_____ ☐ Change

_____ ☐ Add

_____ ☐ Remove

_____ ☐ Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 31, 2021

Signature of a member or authorized representative

Jonathan Banks
Typed or printed name of signee