

L21000323698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

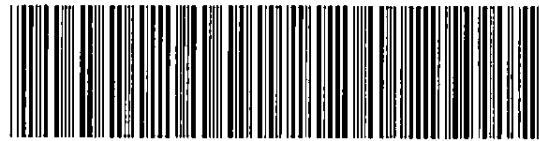
(Document Number)

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J. HORNE  
SEP 24 2024

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09/18/24--01023--011 \*\*25.00

FILED  
2024 SEP 18 PM 4:04  
FBI  
FBI

BWD JT West Delray LLC

Juan Carlos Gavilan

851 Broken Sound Parkway NW Suite 160

Boca Raton, FL 33487

tbalchan@jahachick.com

561-683-8444

September 13, 2024

Registration Section

Division of Corporations

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

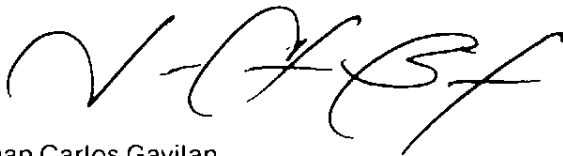
Tallahassee, FL 32303

To Whom It May Concern,

Please find enclosed the form and payment to amend the Articles of Organization for BWD JT West Delray LLC.

If you need any further information or have any questions, please feel free to contact at 561-683-8444.

Sincerely,

A handwritten signature in black ink, appearing to read 'JCG', is written over the printed name.

Juan Carlos Gavilan

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BWD JT West Delray 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:

Juan Carlos Gavilan  
\_\_\_\_\_  
Name of Person

BWD JT West Delray LLC  
\_\_\_\_\_  
Firm/Company

851 Broken Sound Parkway NW Suite 160  
\_\_\_\_\_  
Address

Boca Raton, FL 33487  
\_\_\_\_\_  
City/State and Zip Code

tbalchan@jahachick.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tiana Balchan  
\_\_\_\_\_  
Name of Person

561 683-8444  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee.<br>Certificate of Status &<br>Certified Copy<br>(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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FILED  
2024 SEP 18 PM 4:04

BWD JT West Delray LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/15/2021 and assigned  
Florida document number L21000323698.

This amendment is submitted to amend the following:

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

Jaha Tinos Bagels With Holdings 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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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*

Florida

*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**

[illegible]

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

2024

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**