

L21000409843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

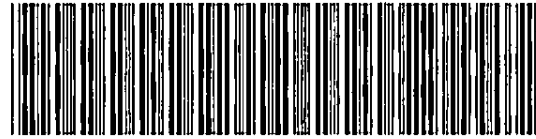
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jaws Seafood and Chicken LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Merino

Name of Person

Law Offices Michael Merino PA

Firm/Company

6741 Orange Dr

Address

Davie, FL 33314

City/State and Zip Code

mmerino@merinolegal.com

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

For further information concerning this matter, please call:

Michael Merino

954 321-7701
at ()

Name of Person

Area Code

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

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2023 JUN 09 09:35
TALLAHASSEE, FL
SECRET

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

Jaws Seafood and Chicken 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 09/15/2021 and assigned
Florida document number L21000409843.

This amendment is submitted to amend the following:

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

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:

601 N Congress Ave Ste 410 Delray Beach, FL 33445

(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:

Adler & Wellikoff, PLLC

New Registered Office Address:

1900 Glades Rd Ste 270

Enter Florida street address

Boca Raton

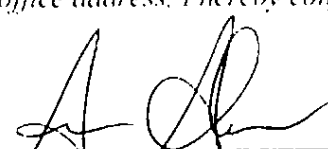
Florida 33431

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Moeen Khalil		<input type="checkbox"/> Add
		10916 El Caballo CT DELRAY BEACH, FL 33446	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Mohammad Khalil		<input type="checkbox"/> Add
		10916 EL Caballo Ct Delray Beach, FL 33446	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Paleco Operations LLC	601 N Congress Ave Ste 410	<input checked="" type="checkbox"/> Add
		Delray Beach, FL 33445	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SEAL
FBI
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
WASHINGTON, D.C. 20535

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

Remove Current Manager Moeen Khalil and Address 10916 El Caballo CT DELRAY BEACH, FL 33446

Remove Current Manager Mohammad Khalil and Address 10916 El. Caballo Ct Delray Beach, FL 33446

Add Manager Paleco Operations LLC and Address 601 N Congress Ave Ste 410 Delray Beach, FL 33445

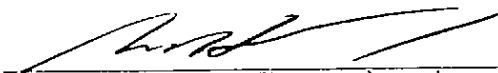
E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

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 9-16-22



Signature of a member or authorized representative of a member

Moeen Khalil

Typed or printed name of signer

2023
SEP
16
FILED
FL
IDA

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