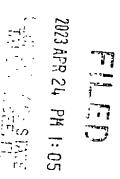
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Y. SCOTT
JUN 1 0 2023

COVER LETTER

TO: Registration Division of C	s Section Corporations	· • • • • • • • • • • • • • • • • • • •	٠	
	ES JAMAICAN EATERY LLC			
SUBJECT:	Name of Lim	aited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub-	omitted for filing.		
Please return all corre	spondence concerning this matter	to the following:		
	KEMMOY SALMON		ر راد راسید	207
		Name of Person	<u> </u>	F ! L 2023 APR 24
		Firm/Company		2
	2705 NW 55TH AVE		ST C. ST. ST. ST. ST. ST. ST. ST. ST. ST. ST	PM 1: 05
		Address	गर्ने हों। इस	05
	MARGATE FL 33063			
	KEMMOYSALMON@YA	City/State and Zip Code HOO.COM		
	E-mail address: (to be used for future annual report no	otification)	
For further informatio	on concerning this matter, please c	all:		
KEMMOYSALMON		954 8888580		
Nan	te of Person	at () Area Code Dayti	ime Telephone Number	
Enclosed is a check fo	or 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 Certificate o Certified Co (additional cop	f Status & PY
Mailing Add Registratio Division o P.O. Box 6	n Section f Corporations	Street Address: Registration S Division of Co The Centre of	orporations	

Tallahassee, FL 32314

2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHOICES JAMAICAN EATERY LLC	•	
(<u>Name of the Limited Liability Com</u> (A Florida Limited	oany as it now appears on our records. I Liability Company))
The Articles of Organization for this Limited Liability Compar	y were filed on 01/07/2022	and assigned
Florida document number 1.22000016216		_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
CHOICES CABLE INNOVATION LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC"	
Enter new principal offices address, if applicable:		2023 A
(Principal office address MUST BE A STREET ADDRESS)		₩
	<u></u> :	2
	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	()
Mailing address MAY BE A POST OFFICE BOX)	,'	05
		-,
N 15		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	te name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	имен и иннаа муссі қаағусы	
	, Flor	
	Ca_3	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 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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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Filing Fee: \$25.00