KZZ 000075696

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22 APR 15 PM 3: 18

T. MATTHEWS MAY 10 2022

COVER LETTER

Division of Co	rporations	•	•
23 F. C. D. 1.13 (2002)	CARIBBEAN & AMERICAN	RESTAURANT LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	David James Henry		
		Name of Person	
	GABBY'S CARIBBEAN	& AMERICAN RESTAURAN	f LLC
		Firm/Company	<u> </u>
	521 W MEMORIAL BLV	'D	
		Address	
	LAKELAND FL 33815-1	457	
		City/State and Zip Code	
	dave@nyxon.net	to be used for future annual report i	notification)
For further information c	oncerning this matter, please c		
David Henry	,	813 5001279	
Name o	f Person	Area Code Day	time Telephone Number
Enclosed is a check for th	ne 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 Addres		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of	f Tallahassee

Tallahassee, FL 32314

TO:

Registration Section

The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO SECRETARY OF STATE ARTICLES OF ORGANIZATIONDIVISION-OF CORPORATIONS OF 22 APR 15 PM 3- 18

GABBY'S CARIBBEAN & AMERICAN RESTAURANT LLC

(Name of the Limi	ited Liability Company as it now ap (A Florida Limited Liability Compa	<u>pears on our records.)</u> ny)
The Articles of Organization for this Limited I. Florida document number 1.22000075696		02/15/2022 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability compan	<u>v here</u> :
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 appli	cable:	
(Principal office address MUST BE A STREA	ET ADDRESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u></u>	
B. If amending the registered agent and/or agent and/or the new registered office addre	-	ir records, <u>enter the name of the new register</u>
Name of New Registered Agent:	David James Henry	
New Registered Office Address:	521 WEST MEMORIAL BL	VD
	Enter	Florida street address
	Lakeland	, Florida ³³⁸¹⁵
	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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	David James Henry	521 WEST MEMORIAL BLVD	€Add
		Lakeland Fl 33815	□Remove
			■ Change
MGR	JAMES, DAVE, ESQ	521 WEST MEMORIAL BLVD	
		Lakeland Fl 33815	Remove
			Change
			□Remove
			Change
			□Add
			Remove
			□Change
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			□Remove
			Change
			□Add
		 	□Remove
			□ Change

Effective date, if other than the date of filing: O4/12/2022 (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) Purosant to 645.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. 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 ord is filed. Dated O4/12/2022 What is a member of authorized representative of a member	_	
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Signature of a member or authorized representative of a member	Dated _.	04/12/2022
Commerce of a mention of authorities representative of a mention		Signature of a member or authorized representative of a member
		Typed or printed name of signee

Filing Fee: \$25.00