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To: From:	Account Name : G Account Number : I Phone : ( Fax Number : (	850)617-6383 8 A ACCOUNTING AND 20120000033 305)801-5470 713)953-7115		L: OL STATE	FILED
**Enter a	r the email address fo nnual report mailings	or this business ent Enter only one em	ity to be used ail address plea	for future ase.**	
)	mail Address:			<u></u>	
	LLC AMND/RESTA	ATE/CORRECT ( JAC FOOD LLC	)R M/MG RE	SIGN	
2022 SEr	Certificate of Sta	atus	0	C. BRUMBLEY	
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\$25.00

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Estimated Charge

## **COVER LETTER**

## TO: Registration Section Division of Corporations

JAC FOOD LLC

SUBJECT: \_

Name of Limited Liability Company

The enclosed Articles of A	Amendment and fee(s) are subm	itted for filing.						
	idence concerning this matter to							
	Clara Arrieta							
	G&A Accounting and Taxes Services Inc							
	Firm/Company							
	5490 McGinnis Village Place							
	Address							
	Alpharetta GA 30005							
	City/State and Zip Code							
	gataxes@gmail.com							
	E-mail address: (t	o be used for future annual report not	itication)					
For further information c	oncerning this matter, please cr	ll:						
Clara M Arrieta		305 801-5394						
Name of Person		Area Code Daytin	ne Telephone Number					
Enclosed is a check for t	he following amount:							
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAC FOOD LLC			. <u></u>	<b></b> _	
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears on our liability Company)	records.)		
The Articles of Organization for this Limited Li Florida document number L22000132570	ability Company	were filed on <u>03/16/202</u>	<u></u>	_ and assigned	
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
NA				wintion "1.1.C."	_
NA The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation	on "LLC" or the apon	eviation c.c.c.	
Enter new principal offices address, if applic	able:	NA		SEC TA	-
(Principal office address MUST BE A STREE	T ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	NA		P -2 PM 4:04	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office ss here:	address on our records	s, <u>enter the name</u>	of the new regis	tered
Name of New Registered Agent:	NA				<u> </u>
New Registered Office Address:	<u></u>	Enter Florida stre	et 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

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member Type of Action <u>Address</u> <u>Name</u> Title 16300 Golf Club Rd Jose G Mata Mendez AMBR 🔄 🗐 Add Suite 305 Weston, FL 33326-1661 \_\_\_\_ Change \_\_\_\_\_ 🗋 Add \_\_\_\_\_ Change □ Add \_\_\_\_\_ Change \_\_\_\_\_ □Add \_\_\_\_\_ Change \_\_\_\_\_\_ □ Add \_\_\_\_\_ 🗔 Add □Change

D. Upproceding any otter information, enter changes here (filluch ditillionin Steas if necultary)

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