L22000288379

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TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Jays Sandbar Foodboat LLC SUBJECT: _ 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: Jeremy Lycke Name of Person Jays Sandbar Foodboat LLC Firm/Company 1314 E. Las Olas Blvd. #50 Address Fort Lauderdale, FL 33301 City/State and Zip Code sandbarfoodboat@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Coulette Murray Daytime Telephone Number Name of Person Enclosed is a check for the following amount: S25,00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: **Street Address:** Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Javs Sandbar Foodboat LLC		POZZ JUL
-	Company as it now appears on our records.) Limited Liability Company)	tr
The Articles of Organization for this Limited Liability Co. Florida document number L22000288379	ompany were filed on <u>06/25/2022</u>	and assigned C
This amendment is submitted to amend the following:		4004
A. If amending name, enter the new name of the limit	ed liability company here:	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid:	·A
	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 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
MGR	Jeremy Lycke	1314 E. Las Olas Blvd. #50	= Add
		Fort Lauderdale, FL 33301	
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effective date is	listed, the date must b	e specific and	d cannot be prior	to date of filing (or more than 90	(option days after fil	ing.) Pursu	ant to 605	.020
e: If the date in	inserted in this bloc ive date on the Dep	ek does not i artment of S	meet the applic State's records	able statutory f	iling requirer	nents, this d	ate will n	ot be liste	ed a
ord specifies :	a delayed effective o	date, but not	t an effective ti	me, at 12:01 a.	m. on the ear	lier of: (b)	The 90th	day after	r th
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