L23000024818

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
JAN-8 2025

Office Use Only



200440537402

01/07/25--01004--013 **25.00

2025 JAN - 7 PM 2: 25

CHYED

COVER LETTER

SUBJECT:	All Flavors Bis	tro Sofrito-Jerk LLC			
SUBJECT:		nited Liability Company			
	Amendment and fee(s) are su	•			
Please return all corresp	ondence concerning this matter	r to the following:			
	N	acavia De Leon			
		Name of Person			
All Flavors Bistro Sofrito-Jerk LLC					
		Firm/Company			
	2115 Glenlock				
		Address			
	Deltona fl 321				
		City/State and Zip Code			
	E-mail address: (to be used for future annual rep	ort notification)		
For further information c	oncerning this matter, please o	all:			
Nacavia De L		at (321)	6074330		
Name o	f Person	Area Code	Daytime Telephone Number		
Enclosed is a check for the	ne following amount:				
\$25.00 Filing Fee ■	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing Addres</u> Registration S		Street Addr Registratio			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

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

FILFD 01/11/2022 The Articles of Organization for this Limited Liability Company were filed on ___ Florida document number __ L23000024818 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Jam-Rican LLC 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: (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: New Registered Office Address: Enter Florida street address , Florida City

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

Title	Name	Address	Type of Action
			□ Remove
		-	
			
			Remove
			Change
		 	
			☐ Remove
			Change
			□Remove
			Change
			□ Add
		 	□Remove
			Change
			□Remove
			□ Change

f amend	ing any other informa	ntion, enter change(s) here: (Attach additional sheets, if neces.	sary.)
		 	
		<u> </u>	
 			
			
	<u></u>		
			
			
<u>lote:</u> If t	the date inserted in this bl	e date of filing: (option st be specific and cannot be prior to date of filing or more than 90 days after fill lock does not meet the applicable statutory filing requirements, this department of State's records.	n al) ling.) Pursuant to 605.020 late will not be listed a
record s I is filed.	-	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
ated	01-06		
		Nacavia De Leon Signature of a member or authorized representative of a member	
		Signature of a member or authorized representative of a member	
		Nacavia De Leon	