123000064872

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT. THE	DELI AND FOC	W 110	
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	<u>Halcim</u>	Jones Name of Person	
	TK DELI	AND FOOD U Firm/Company	C
	433 RED DA	AH LTA LW Address	
	_ JACKSONVII	LE, FL 32218 City/State and Zip Code	ි.3 දිස ද්
	E-mail address: (to	be used for future annual report notific	
For further information co	oncerning this matter, please cal	11:	17: 12 17: 12 1: 01
Hakim J Name o	ones Person	at (904) 616 - Area Code Daytime	3년 2년 Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	<u>Street Address:</u> Registration Sect	
Division of C P.O. Box 632	-	Division of Corp The Centre of Ta	
Tallahassee, F		2415 N. Monroe	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	ny avit now appears liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on Fe	b 03,20	23 and assi	gned
Florida document number <u>L23000064872</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company her	<u>'e</u> :		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the de	signation "LLC" o	or the abbreviation "L.I	C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:	433 Ri	D) DAHL	IALN	
(Mailing address MAY BE A POST OFFICE BOX)	JACKS	NVILLE, S	- 32218	.
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our re	cords, <u>enter th</u>	e name of the new	registered
Name of New Registered Agent:				- -
New Registered Office Address:	linter klari	da street address	دُت	- ,
	ranti i kork		da Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	City		Zip Colle	J
I hereby accept the appointment as registered agent and agre	e to act in this c	apacity. I furth	er agree to compl	v 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Hakim Jones	433 RED JAHLIA LN	□Add
		JACKSONVILLE, FL 32218 Remove	
			Thange
MGR	Miriam Martinez	433 REI) DAHLIA LN	□Add
		JACKSONVILLE, FL 32218	CRemove
			□Change
			•
		: 	☐Remove
		: . r-:	$\dot{\omega}$
			□Remove
			□Change
			□Add
		 	□Renюve
			□Change

			⊐Rепюче
			□Change

		
		
		
		
		
fective date, if other than the date of filing:	ling.) Pursuant to 605.02	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) is filed.	The 90th day after the	he
	; 1	
ated JUNE 2, 2023.		1
	Co	
Signature of a member or juthorized representative of a member		,
Signature of a member or authorized representative of a member Hakim Jones Typed or printed name of signee] : @	