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COVER LETTER

TO: Registration Section **Division of Corporations**

SUBJECT:	JAM HIGH HAMPTON.	, LLC	
Sobster.	Name of Limite	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.	
Please return all correspo	indence concerning this matter to	the following:	
	KEVIN F RICHARDSON		
		Name of Person	
		Firm/Company	
	1401 FORUM WAY, SUITI	E 720	
		Address	
	WEST PALM BEACH, FL	33401	
	jennifer@err-law.com	City/State and Zip Code	e 20
	E-mail address: (to	be used for future annual report notificati	on)
For further information c	oncerning this matter, please cal	1:	
Ker	rin F Richardson	561 471-9600 at ()	9 P
Name o	f Person	Area Code Daytime Tel	on) On Ph 4: 25 Rephone Number F F L
Enclosed is a check for the	ne following amount:		1., 0.
□ \$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 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

JAM	HIGH HAMPTON, LLC	
(Name of the Limited) (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	ility Company were filed on 02 - 23 - 2023	and assigned
Florida document number	·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
JAM CHILENO	DBAY, LLC	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		20 20
(Mailing address MAY BE A POST OFFICE BO	<u></u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
B. If amending the registered agent and/or regi	stered office address on our records, <u>enter the</u>	name of the new registere
agent and/or the new registered office address h	<u>ere</u> :	125 FL
		tu Or
Name of New Registered Agent:		.
New Registered Office Address:		
<u>-</u>	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
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			□Remove
			□Change
			🗆 Add
			⊡Remove
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Effective date, if other if an effective date is listed Note: If the date insert document's effective date	, the date must be sp ed in this block do	oes not meet th	n de prior to dat ne applicable s	e or nung or m	ore man 90 days			
e record specifies a dela rd is filed.	yed effective date	, but not an ef	ective time, a	it 12:01 a.m. (on the earlier o	of: (b) The	e 90th day af	fter tl
Jamuary 17			4					
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	Signat	ture of a membe	r or authorized	representative	of a member			