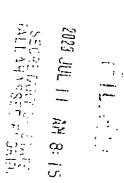
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☐ PICK-UP	WAIT	MAIL
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Certified Copies	Certificates of S	Statu s
Special Instructions to	Filing Officer:	

Office Use Only



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A. RIVIERS AUG 1 6 2023

COVER LETTER

	Registration Se Division of Cor			
CHD IEC	MCJJS DE	LLLLC		
SUBJEC	1:	Name of Lin	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		MICHAEL MAURO		
			Name of Person	
			Firm/Company	
		1819 N HARBOR CITY F	BLVD	
			Address	
		MELBOURNE FL 32935		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For further	r information c	oncerning this matter, please c	all:	
MICHAE	EL MAURO		407 928-1044 at ()	
	Name o	f Person		e Telephone Number
Enclosed	is a check for th	ne following amount:		
≡ \$25.0	0 Filing Fee	S30.00 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 Addres Registration S		Street Address: Registration Sec	ction
I	Division of C	orporations	Division of Cor	porations
	P.O. Box 632 Fallahassee, I		The Centre of T 2415 N. Monro	'allahassee c Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

MCJJS DELI LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{0.05/24/2023}{1.000}$ and assigned Florida document number ______L23000255958 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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

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.

City

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>	<u>Address</u>	Type of Action
MGR	JOSEPH F SPEZIALE	218 BIRCH AVE	□Add
		MELBOURNE BEACH, FL 32951	≣Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
	<u> </u>		□Add
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MICHAEL MAURO	Sig	mature of a seember	or authorized rep	resentative of a mer	nber	
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Filing Fee: \$25.00