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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

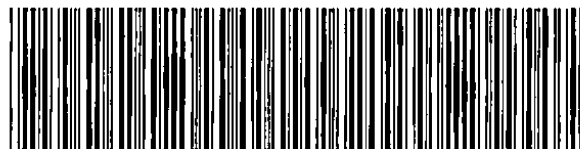
(Business Entity Name)

(Document Number)

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SEP 5 2024
TALLAHASSEE, FL
STATE

COVER LETTER

Registration Section
Division of Corporations

ECT: JAY'S JAMAICAN CUISINE LLC

Name of Limited Liability Company

nclosed Articles of Amendment and fee(s) are submitted for filing.

e return all correspondence concerning this matter to the following:

JENNIFER POWELL

Name of Person

JAY'S JAMAICAN CUISINE LLC

Firm/Company

126 MAROLDY DRIVE APT. 201

Address

TAMPA, FL. 33617

City/State and Zip Code

Jrthorpe1813@gmail.com

E-mail address: (to be used for future annual report notification)

urther information concerning this matter, please call:

MAIN THORPE

Name of Person

240 906-4410
at () _____
Area Code Daytime Telephone Number

osed is a check for the following amount:

\$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**

JAY'S JAMAICAN CUISINE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 08/04/2023 and assigned
to document number L23000368053.

An amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

New name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

If new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS)

If new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX)

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

City

Florida

Zip Code

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

ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
moved from our records:

M = Manager

R = Authorized Member

	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
R	JENNIFER POWELL	126 MAROLDY DRIVE	<input type="checkbox"/> Add
		APT. 201	<input checked="" type="checkbox"/> Remove
		TAMPA, FL. 33617	<input type="checkbox"/> Change
R	JERMAIN THORPE	126 MAROLDY DRIVE	<input checked="" type="checkbox"/> Add
		APT. 201	<input type="checkbox"/> Remove
		TAMPA, FL. 33617	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

I have put in notice to IRS that I am transferring the LLC to Jermain Thorpe who is the currently the Registered

Agent. Jermain Thorpe is now the AMBR.

Effective date, if other than the date of filing: _____ (optional)

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the document is filed.

Effective date: August 26, 2024

Jennifer Powell
Signature of a member or authorized representative of a member

JENNIFER POWELL

Typed or printed name of signee