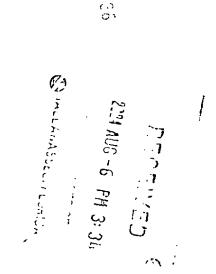
L24000152688

| - · · · · · · · · · · · · · · · · · · · | (Requestor's Name) |
|---|--------------------------|
| | |
| | |
| | (Address) |
| | (Audi 635) |
| | |
| | |
| | (Address) |
| | · |
| | |
| | · |
| | (City/State/Zip/Phone #) |
| | |
| _ | _ |
| PICK-UP | WAIT MAIL |
| _ | — — |
| | |
| | |
| | (Business Entity Name) |
| | |
| | |
| | |
| | (Document Number) |
| | |
| | |
| Certified Copies | _ Certificates of Status |
| Cettined Cobies | |
| | |
| | |
| | |
| Special Instructions to | _ |
| | |
| | J. HORNE AUG - 7 2024 |
| | I STATE |
| | AUG |
| | 7 2024 |
| | |
| | |
| | |
| | 1 |
| | |
| | |
| | |





500434195685



Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

| DATE 08/06/2024 | **WALK IN** |
|------------------------|---|
| ENTITY NAME JUST S | ALAD 4608 N UNIVERSITY DRIVE LLC |
| | |
| DOCUMENT NUMBER_ | |
| | **PLEASE FILE THE ATTACHED AND RETURN** |
| | Plain Copy |
| XXXXXXXX | Certified Copy |
| | Certificate of Status |
| **/ | Certified Copy of Arts & Amendments Certificate of Good Standing |
| | **APOSTILLE' / NOTARIAL CERTIFICATION** |
| COUNTRY OF DESTINAT | 70N |
| NUMBER OF CERTIFICAT | TES REQUESTED |
| TOTAL OWED \$55 | ACCOUNT #: 120160000072 |
| Please call Tina at th | be above number for any issues or concerns. Thank you so much! |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

| A DITICULA | TO | A OTE CON! | |
|--|--|--|--|
| ARTICLE | ES OF ORGANIZA OF | ATION | William . |
| | O1 | | |
| Just Salad 4608 N University Drive LLC | | | |
| (<u>Name of the Limited Liah</u> (A Flor | oility Company as it now app ida Limited Liability Company | ears on our records.) | · 5 |
| The Articles of Organization for this Limited Liability Florida document number <u>L24000152688</u> | Company were filed on | 4/3/2024 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the li | mited liability company | <u>here</u> : | |
| The new name must be distinguishable and contain the words "L | imited Liability Company," the | e designation "LLC" or th | e abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | · <u>·</u> | |
| (Principal office address MUST BE A STREET ADI | ORESS) | | |
| | , | | |
| | | | |
| Enter new mailing address, if applicable: | | | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | | <u> </u> |
| | | | |
| | | | |
| B. If amending the registered agent and/or register | | records, enter the n | ame of the new registered |
| agent and/or the new registered office address here | : | | |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter F | lorida street address | |
| • | | Florida | |
| | City | | Zip Code |
| New Registered Agent's Signature, If changing Register | red Agent: | | |
| I hereby accept the appointment as registered agenorovisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registecompany has been notified in writing of this change | complete performance of agent as provided for in red office address, I her | of my duties, and I a Chapter 605, F.S. C | m familiar with and Or, if this document is |
| | | · | |
| | If Changing Registered A | Agent Signature of Van | Desistand Agent |
| | it Changing registered / | rgent, aignainte of 146M | registered regent |

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> | Name | Address | Type of Action |
|--------------|-----------------------|--------------------|-----------------|
| AMBR | Just Salad LEC | 663 Lexington Ave | |
| | | New York, NY 10022 | ® Remove |
| | | | □Change |
| AMBR | Just Salad Holdeo LLC | 663 Lexington Ave | |
| | | New York, NY 10022 | □Remove |
| | | | □Change |
| | | <u> </u> | □Add |
| | | | □Remove |
| | | | |
| | | | |
| | | | □Remove |
| | | | ☐ Change |
| | | | □ Add |
| | • | ····· | Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | |

| | | | | |
|---|--|--------------------------------|---------------------------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | · | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | <u>. </u> |
| | | | | |
| | | | | |
| | | | · | |
| | | | | |
| Fective date, if other than the on effective date is listed, the date mulote: If the date inserted in this bicument's effective date on the D | ock does not meet the appearance of State's reco | oplicable statutory f ords. | iling requirements, this | date will not be listed a: |
| ecord specifies a delayed effectives is filed. | e date, but not an effecti | ve time, at 12:01 a. | m, on the earlier of: (b) | The 90th day after the |
| August 1st | 2024 | · | | |
| ited August 1st | · | | • | |
| ned | Signature of a member or | authorized representat | ive of a member | · |

•