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COVER LETTER

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CUDIEC	JCAR Winl			
SUBJEC	.1;	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	endence concerning this matter	to the following:	
		Lisa Farrell-Sands		
			Name of Person	
		JCAR Winkler LLC		
			Firm/Company	
		940 Dean Way		
		-	Address	
		Ft. Myers, FL 33919		
			City/State and Zip Code	
		Lsands@viprealty.com		
		E-mail address: (to be used for future annual report noti	fication)
For furth	er information c	oncerning this matter, please c	all:	
Lisa Farr	rell-Sands		239 470-5582	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for the	ne following amount:		
■ \$25. 0	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 Addres Registration 5		Street Address: Registration Sec	etion
	Division of C	Corporations	Division of Cor	porations
	P.O. Box 632		The Centre of T	
	Tallahassee, 1	FL 32314	Z4TO N. IMONIO	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JCAR Winkler 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 $\frac{10-21-2024}{10-21-2024}$ and assigned Florida document number 33-1554196 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

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>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Adđ
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			□Remove
			□Change

	sale, transer, assignment, or issuance of shares is retricted and shall be subject to Subway franchisor its leasing affiliate for approval.
and	its leasing affiliate for approval.
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factive (late, if other than the date of filing: (optional)
n effectiv ote: If th	e 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 605.02 to date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.
ecord spo is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ited Octo	2024 O O

Filing Fee: \$25.00