

L15000099866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

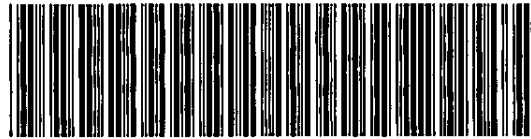
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. SCOTT
NOV -9 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 28, 2016

GEORGE FORD
1000 SOUTHERAL BLVD STE 300
WEST PALM BEACH, FL 33405

SUBJECT: MIZNER PIZZERIA LLC
Ref. Number: L15000099866

RECEIVED
2016 NOV - 9 AM 13: 01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MIZNER PIZZERIA LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 716A00023265

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MIZNER PIZZERIA LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

George Ford
Name of Person

Mizner Pizzeria LLC
Firm/Company

1000 Southern Blvd Ste 300
Address

West Palm Beach, FL 33405
City/State and Zip Code

linda@theramgroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

George Ford at (561) 307-0965
Name of Person Area Code Daytime Telephone Number

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Enclosed 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Mizner Pizzeria 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 8/11/2015 and assigned Florida document number L15000099866

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

City

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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 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>	<u>Type of Action</u>	
MGR	Luis A Gonzalez	2375 Queen St.	<input checked="" type="checkbox"/> Add	} 20%
		West Palm Bch, FL 33417	<input type="checkbox"/> Remove	
			<input type="checkbox"/> Change	
MGR	George Ford	1000 Southern Blvd	<input type="checkbox"/> Add	} 40%
		Suite 300	<input type="checkbox"/> Remove	
		West Palm Bch, FL 33415	<input checked="" type="checkbox"/> Change	
MGR	Evan R Manevitch	9514 Aegean Dr.	<input type="checkbox"/> Add	} 40%
		Boca Raton, FL 33496	<input type="checkbox"/> Remove	
			<input checked="" type="checkbox"/> Change	
			<input type="checkbox"/> Add	
			<input type="checkbox"/> Remove	
			<input type="checkbox"/> Change	
			<input type="checkbox"/> Add	
			<input type="checkbox"/> Remove	
			<input type="checkbox"/> Change	

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

Multiple horizontal lines for amending information.

E. 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.

If the 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 record is filed.

Dated 10/24/16, _____

Signature of a member or authorized representative of a member
George Ford
Typed or printed name of signee

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TALLAHASSEE, FLORIDA