

L020000010079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

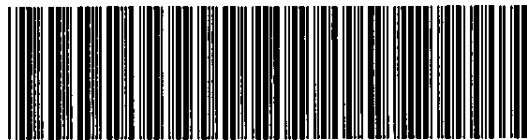
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

**A. LUNT**  
FEB - 7 2011  
**EXAMINER**

Office Use Only



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01/26/12--01005--005 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 FEB - 6 AM 10: 04

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 27, 2012

JEFFREY HARRINGTON, ESQ  
100 S. OLIVE AVE.  
WEST PALM BEACH, FL 33401

SUBJECT: PIZZALUNA LLC  
Ref. Number: L02000010079

2012 FEB -6 AM 10:54  
FILED  
REGISTRY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for PIZZALUNA LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 812A00002513



**HLA Downtown WPB**  
100 S. Olive Avenue  
West Palm Beach, FL 33401

**HLA West**  
4698-A Forest Hill Boulevard  
West Palm Beach, FL 33415

**HLA New York**  
11 Broadway, Su. 615  
New York, NY 10004

**HLA Spain**  
Calle Manzanares .49  
Ribeira, Spain

Tel: (561) 253-6690 info@myhlaw.com  
Fax: (561) 429-8488 www.myhlaw.com

February 3, 2012

**Via US mail & Fax**

**Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee FL 32314  
Fax: (850)245-6030**

**Re: Amendment to PizzaLuna LLC  
Ref. No.: L02000010079**

**Attn.: Agnes Lunt**

Please find enclosed the proper form for filing the amendment to PizzaLuna LLC. Please use the original check for \$35 to cover the filing fee of \$20 and apply the difference towards the certified copy. Please hold the certified copy and send it to us upon receipt of a check for \$20 for the remaining balance.

Best Regards,

Elise Woods

2012 FEB - 6 AM 10:54  
FILED  
OFFICE OF THE CLERK  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PIZZA LUNA 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:

Jeffrey Harrington  
Name of Person

Harrington Law Associates  
Firm/Company

100 S. Olive Ave.  
Address

West Palm Beach, FL 33401  
City/State and Zip Code

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

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2012 FEB -6 AM 10:59  
REGISTRATION SECTION  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Elise Woods at (561) 253-6690  
Name of Person Area Code & Daytime Telephone Number

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)

(in possession of \$25-check)

(sending in mail)

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

PIZZALUNA 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 Jan 2, 2012 and assigned Florida document number LD2000910079

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 end with 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)

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2012 FEB -6 AM 10:54  
CLERK OF THE COURT  
STATE OF FLORIDA

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:

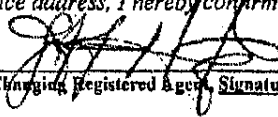
Name of New Registered Agent: Jeffrey Harrington, Esq.

New Registered Office Address: 100 S. Olive Ave.  
Enter Florida street address

West Palm Beach, Florida 33401  
City Zip Code

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Turgut Kaymaz	2409 N. Dixie Hwy, West Palm Beach, FL 33407	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Demir Ozgur	205 Clematis St. West Palm Beach, FL 33401	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

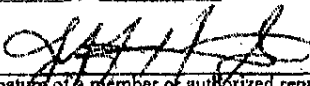
2012 FEB -6 AM 10:04  
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SECRETARY  
STATE OF FLORIDA

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated January 30, 2012

  
\_\_\_\_\_  
Signature of a member of authorized representative of a member  
Jeff Harrington, Esq.  
\_\_\_\_\_  
Typed or printed name of signee