# 10300019968

(Re	questor's Name)	<u></u>
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(Do	cument Number)	
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J. HARRIE

## **COVER LETTER**

Division of Co	rporations		
Ocala Pizz SUBJECT:	za, L.L.C.		
SUBSECT.	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	6 W H		
	Ron Wahl	Name of Person	<del>-,</del>
		Name of Person	
	ROM Management, Inc.		
		Firm/Company	
	404 Kelly Plantation Dr U	nit 605	
		Address	
	Destin, F1. 32541		
		City/State and Zip Code	
	rwahl@aol.com		
		to be used for future annual report notifi	ication)
For further information of	concerning this matter, please of	all:	
Ron Wahl		850 508-5333	
Name o	of Person		Telephone Number
Enclosed is a check for t	he 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:

TO:

Registration Section

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, F1, 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ocala Pizza, L.L.C.		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number 1.03000019968	Company were filed on 6/16/2003	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" of	r the abbreviation " C "
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADE	P <u>RESS)</u>	753 <u> </u>
		7:17 prey 4
Enter new mailing address, if applicable:		<del></del>
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
B. If amending the registered agent and/or reg		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Cuy	Zıp 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 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>	Name	Address	Type of Action
MGRM	R.O.M. Management, Inc.	404 Kelly Plantation Dr Unit 605	
		Destin, FL 32541	■ Remove
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			Remove LLAH OCH TO Add AN TO RES 6
			☐ Change

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effective dat	, if other than the da e is listed, the date must be te inserted in this block ective date on the Depa	e specific and cannot be c does not meet the a	ipplicable statutory fi	(opti r nore than 90 days afte ling requirements, thi	r filing.) Pursuant to 6	605,020 isted t
<b>e:</b> If the da			it not an effectiv	e time, at 12:01	a.m. on the ear	dier
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e: If the da ament's eff record sp ne 90th d	ay after the record $ \begin{array}{c c} 7 & 7 & 2 & 0 \\ \hline & & & & & \\ \end{array} $	d is filed.	r authorized representat	ive of a member	TA:	20
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