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FILED  
JUN 21 2013  
TALLAHASSEE, FLORIDA

13 JUN 21 PM 4:25

JUN 24 2013  
J. BUTLER

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: SOLORZANO PIZZA CAFE, LLC.  
Name of Limited Liability Company

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13 JUN 21 PM 4:25  
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

FRANCA SOLORZANO

Name of Person

SOLORZANO PIZZA CAFE, LLC

Firm/Company

6516 SUPERIOR AVE

Address

SARASOTA, FL 34238

City/State and Zip Code

FMCS4@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANCA SOLORZANO

Name of Person

at 941 906-9444

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)

**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**

**SOLORZANO PIZZA CAFE, 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 01/08/2004

Florida document number 68-8012980304-5

LO4000003057

and assigned

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)

**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:

FRANCA SOLORZANO

New Registered Office Address:

6516 SUPERIOR AVE

*Enter Florida street address*

SARASOTA

*City*

, Florida 34238

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CARLOS R. SOLORZANO JR	3375 KINGSTON BLVD	<input type="checkbox"/> Add
		SARASOTA FL 34232	<input checked="" type="checkbox"/> Remove
MGR	PHILIP SOLORZANO	3690 KINGSTON BLVD	<input type="checkbox"/> Add
		SARASOTA, FL 34238	<input checked="" type="checkbox"/> Remove
MGR	FRANCA SOLORZANO	4024 KINGSTON TERRACE	<input checked="" type="checkbox"/> Add
		SARASOTA, FL 34238	<input type="checkbox"/> Remove
MGR	CARLOS SOLORZANO, SR	4024 KINGSTON TERRACE	<input checked="" type="checkbox"/> Add
		SARASOTA, FL 34238	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

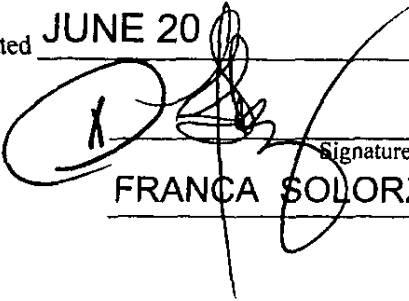
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Dated JUNE 20, 2013



Signature of a member or authorized representative of a member

FRANCA SOLORZANO

Typed or printed name of signee

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Filing Fee: \$25.00

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