

LO4000084173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

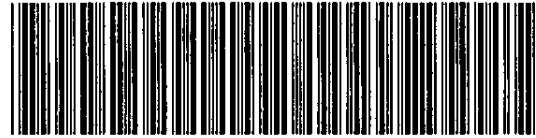
(Business Entity Name)

(Document Number)

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FILED
17 MAR 17 AM 7:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

McCumber Daniels

ATTORNEYS AT LAW

WWW.MCCUMBERDANIELS.COM

4401 W. KENNEDY BLVD., STE. 200
TAMPA, FLORIDA 33609
TELEPHONE: 813-287-2822
FACSIMILE: 813-287-2833

March 16, 2017

VIA U.S. MAIL TO:

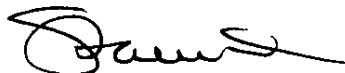
Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: *Prevalla Restaurant Management, LLC*
New York New York Pizza, LLC
Florida Document No.: L04000084173

Dear Sir/Madame:

Enclosed please find our firm's Check No. 37137, in the amount of \$25.00 for the filing fee of the enclosed Articles of Amendment. If you have any questions or if we can be of any service, please do not hesitate to contact us.

Sincerely,



Starlett M. Massey
For the Firm

SMM/jlc
Enclosures

MASON B. BINKLEY*
E. PATRICK BUNTZ*
JENNIFER L. CODDING*◀
DEREK M. DANIELS *▲▶
GERALD R. DEVEGA*
AMY L. DILDAY*▶
THERESA A. DOMENICO*
NATASHA L. DORCUS▲
JOANN GIANGIULIO▲
MARK B. HARTIG *▲
KYLEEN A. HINKLE*
NECIA N. LOGAN*
ELIZABETH H. MARCON▲
STARLETT M. MASSEY *▲
KIMBERLY A. POTTER *
KENNETH A. PUIG*
ELAINE M. ROSS▲
SAMANTHA A. SATISH*
ERIN C. SLATTERY*
EDWARD J. STOLARSKI▲▲

OF COUNSEL
ANDREW R. MCCUMBER *
JONATHAN D. KAPLAN*

*LICENSED IN FLORIDA
◆LICENSED IN MISSISSIPPI
■LICENSED IN NEW JERSEY
◆LICENSED IN NEW YORK
▲LICENSED IN PENNSYLVANIA
●LICENSED IN TENNESSEE
◀LICENSED IN NEW HAMPSHIRE

▶ FLORIDA BOARD CERTIFIED
APPELLATE PRACTICE

+ FLORIDA BOARD CERTIFIED
CIVIL TRIAL LAW

MCCUMBER, DANIELS, BUNTZ, HARTIG & PUIG, P.A.

4401 W. KENNEDY BOULEVARD, STE. 200
TAMPA, FLORIDA 33609
TELEPHONE: 813-287-2822
FACSIMILE: 813-287-2833

800 ADAMS AVENUE, STE. 110
NORRISTOWN, PA 19403
TELEPHONE: 610-650-0871
FACSIMILE: 610-650-0872

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PREVALLA RESTAURANT MANAGEMENT, 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:

Starlett M. Massey

Name of Person

McCumber, Daniels, Buntz, Hartig & Puig, P.A.

Firm/Company

4401 West Kennedy Boulevard, Suite 200

Address

Tampa, FL 33609

City/State and Zip Code

smassey@mccumberdaniels.com

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

For further information concerning this matter, please call:

Starlett Massey

813 287-2822
at ()

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)

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**

PREVALLA RESTAURANT MANAGEMENT, 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 November 15, 2004 and assigned
Florida document number L04000084173.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NEW YORK NEW YORK PIZZA LLC

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:

Starlett M. Massey

New Registered Office Address:

4401 West Kennedy Boulevard, Suite 200

Enter Florida street address

Tampa


City

Florida 33609

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 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

17 MAR 17 AM 7:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Dated March 9, 2017

Signature of a member of

Signature of a member or authorized representative of a member

Ferit Mamudi

Typed or printed name of signee