L06000078720

(Re	questor's Name)	
·	•	
(Ad	dress)	
(Ad	dress)	·
·	,	
(Cit	ry/State/Zip/Phone #/)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(De		
(00	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
	Office Use Only	·



600263399726

09/29/14--01018--014 **30.00

14 OCT 29 PM & 25
SECRE LARY OF STATE

T. Burch OCT 2 9 2014

COVER LETTER

TO: Registration Sec Division of Corp			
suвјест: <u>Сћа</u>	ge Marco's 6 Name of Limi	ited Liability Company	Nane
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Morcus	- Haine	5
	Morcus	Gulf Proz	ia
	4025 V	lenus Sta	ect
	Panama	City/State and Zip Code	och, FL 32408
	POCCO S GIV E-mail address: (to be assed for future about a	gmail.com
For further information co	ncerning this matter, please ca	all:	
Morcus Name of	Person	at (850)	BS2 -3069 Daytime Telephone Number
Name of	i dison	raeu couv	Dayland Polephone Names
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 enc	Certificate of Status &

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 6, 2014

MARCUS HAINES 4025 VENUS STREET PANAMA CITY BEACH, FL 32408

SUBJECT: MARCO'S GULF PIZZA DELIVERY, LLC

Ref. Number: L0600078720

We have received your document for MARCO'S GULF PIZZA DELIVERY, 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 of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Tim Burch Regulatory Specialist II

Letter Number: 414A00021327

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A. If amending name, enter the new name of the limited liability company here MARCUS' GULF PIZZA LLC.	re:
The new name must be distinguishable and end with the words "Limited Liability Company," the o	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	TAS T
	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	ra z M
	- 2
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:	
	da street address
	. Florida

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

Page 1 of 3

MGR = Manager AMBR = Authorized Member <u>Title</u> Name <u>Address</u> Type of Action _□ Add □ Remove LAHASSEE, FLORIDA _□ Add _□ Remove □ Add

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or

Authorized Member being added or removed from our records:

_	
_	
Effective The effection	e date, if other than the date of filing: (optional) ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after bis document is filed by the Florida Department of State)
the date	e date, if other than the date of filing:
Effectiv (The effective the date) (Dated	ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

14 OCT 29 PM 4: 25
SECKETARY OF STATE
TALL AHASSEF, FLORIDA