L0700034058

(Re	equestor's Name)			
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(Document Number)				
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11 APR | |

SECRETARY OF STATE
DIVISION OF CORPORATION

T. HAMPTON

APR 1 2 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporat	ions
SUBJECT:	Firepit Pizza & BBO, LLC Name of Limited Liability Company
The enclosed Articles of Amer	dment and fee(s) are submitted for filing.
Please return all correspondence	e concerning this matter to the following:
_	Christina Cargialosi Name of Person
-	Firm/Company
_	13561 Eagle Ridge Drive, #1016
	Fort Myers, FL 33912 City/State and Zip Code
	E-mail address: (to be used for future annual report notification) CANG448@MSN.COM
For further information concern	ning this matter, please call:
Christina Name of Perso	Curgialesi at (239 561-963) Area Code & Daytime Telephone Number
Enclosed is a check for the following Section 1.5	owing amount: 30.00 Filing Fee & Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate of Status & Certificate 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

11 APR 11 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

April 1, 2011

CHRISTINA CANGIALOSI 13561 EAGLE RIDGE DR # 1016 FT MYERS, FL 33912

SUBJECT: FIREPIT PIZZA AND BBQ, LLC

Ref. Number: L07000034058

We have received your document for FIREPIT PIZZA AND BBQ, LLC and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 511A00007943

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED SECRETARY OF STATE

11 APR LL AM ALIG

O.	
(Name of the Limited Liability Compar (A Florida Limited L	ABBQ LLC ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L0700034058</u>	were filed on 3129 07 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and end with the words "Limit "L.L.C."	led Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	10045 Gulf Center Drive
(Principal office address MUST BE A STREET ADDRESS)	#E110
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	#E110 Fort Myers, FL 33913 13561 Eagle Ridge Drive #1016 Fort Myers, FL 33912
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent:	useppe Canqialosi
New Registered Office Address: 135	Useppe Cangialosi 61 Eagle Ridge Drive, #1016 Enter Florida street address
Fort	Myers , Florida 33917 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

Page 1 of 2

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 = Mana MGRM = Ma	ger naging Member			
<u>Title</u>	<u>Name</u>	Address	Type of A	ction
<u>MbR</u>	PFC Managemen	Fort Myers, FL 33912	Add Remove	
MbR	Giuseppe Cangiale	DSi 13561 Eagle Ridge Drive #1016 Fort Myers, FL 33912	Add Remove	e
			_□ Add □□ Remove	;
	WHITE ALL ALL ALL ALL ALL ALL ALL ALL ALL AL		Add Remove	:
			Add Remove	
			Add Remove _	
D. If amendin	g any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	11 APR 11 AM 9: 46	SECRETARY OF STATE DIVISION OF CORPORATIONS
_	Signature of a member Gius e Of e	or authorized representative of a member		

Page 2 of 2

Filing Fee: \$25.00