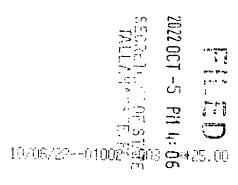
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| (F | Requestor's Name) | |
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| Special Instructions to F | Filing Officer: | |
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2022 OCT -- 5 PM 3: 45

A. BUTLER 0CT - **5 2022**

COVER LETTER

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TO:

| TO: Registration S Division of Co | | | | | | | | | | |
|--|--|---|---|--|--|--|--|--|--|--|
| SUBJECT: | Siovanni's Coal Fire Pizz Name of Lim | a - Sunrise Arena, L ited Liability Company | LC | | | | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing, | | | | | | | | |
| Please return all corresp | ondence concerning this matter | to the following: | | | | | | | | |
| | A | shley Sadler, Licens | ing Specialist | | | | | | | |
| | G | GrayRobinson, P.A. Firm/Company | | | | | | | | |
| | 301 S. | Bronough St., Ste. 6 | 600 | | | | | | | |
| | Tall | ahassee, Florida 32 City/State and Zip Code | 301 | | | | | | | |
| | ashley.sa E-mail address: (| dler@gray-robinson | .com eport notification) | | | | | | | |
| For further information (| concerning this matter, please co | all: | | | | | | | | |
| Ashley Sad | ler of Person | at (<u>850</u>) Area Code | 577-9090 Daytime Telephone Number | | | | | | | |
| Enclosed is a check for t | he following amount: | | | | | | | | | |
| S25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is ench | Certificate of Status & | | | | | | | |
| Mailing Addre | Section | - | tion Section | | | | | | | |
| Division of G P.O. Box 63 Tallahassee, | 27 | The Cen | of Corporations tre of Tallahassee Monroe Street, Suite 810 | | | | | | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Giovanni's Coal Fire Pizza-Sunrise Arena, LLC2022 007 - 5 PM 4: 06
(Name of the Limited Liability Company as it now appears on our records.)

| | | CECRETARY OF STATE TALLANDESEE, FR |
|--|-------------------|---|
| The Articles of Organization for this Limited Liability Company w | vere filed on | 8/2/2007 and assigned |
| Florida document numberL07000079506 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabili | ity company he | <u>:re</u> : |
| N/A | | |
| The new name must be distinguishable and contain the words "Limited Liability | y Company," the d | esignation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | N/A |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| Enter new mailing address, if applicable: | | N/A |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered office adagent and/or the new registered office address here: Name of New Registered Agent: | ldress on our r | ecords, enter the name of the new registered |
| Name of New Registered Agent: | ldress on our r | |
| agent and/or the new registered office address here: | | |
| Name of New Registered Agent: | | N/A rida street address |
| Name of New Registered Agent: | | N/A |
| Name of New Registered Agent: | Enter Floi | n/A rida street address , Florida |

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> | Address | Type of Action |
|--------------|---------------------------------|---|----------------|
| AMBR_ | Giovanni's Coal Fire Pizza, LLC | 4330 NE 22nd Avenue, Fort Lauderdale, FL 333 | 08 □ Add |
| | | | □Remove |
| | | | 🖔 Change |
| MGR_ | Deanne Sabarese Crosby | 4330 NE 22nd Avenue, Fort Lauderdale, FL 3330 | <u>08</u> ⊠Add |
| | | | Remove |
| | | | 🗆 Change |
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| n effective <u>ste:</u> If the | date is list date ins | ther than ted, the dat erted in the date on the | e must be s nis block o | specific a does not | nd can | i the ap | olicabli | late of fi | ling or ory fili | more the | ın 90 d ıireme | ave afte | ional) r filing. is date | Dumi | nt to 605.0 t be listed |
| cord spec s filed. | cifies a de | elayed effi | ective dat | te, but n | ot an | effectiv | e time | , at 12: | 01 a.m | on the | e earlie | er of: (| b) Th | e 90th | day after t |
| ed | 5 | OCT. | | | | | | | | | | | | | |
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Filing Fee: \$25.00