107000104495

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
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· (Bu	isiness Entity Nar	me)		
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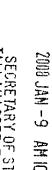
2008 JAN -9 AM ID: 29 SECRETARY OF STATE TALLAHASSEE, FLORID!

T. CLINE

JAN 1.0 2008

EXAMINER

W7-104495





January 2, 2008

GUY SPEROUTO 8982 TAFT STREET PEMBROKE PINES, FL 33024

SUBJECT: TRIO PIZZA COMPANY, LLC

Ref. Number: L07000104495

We have received your document for TRIO PIZZA COMPANY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 608A00000062

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: P: ZZA Company 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:
Cuy D Sperouto CPA (Name of Person)
Cuy D Sperouto CPA (Firm/Company)
8982 TART STREET (Address)
Pembroke Pines Fl 33024- (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (954) +32-0272 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certificate of Status \$\ \text{Certified Copy}\$\$ (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32301 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRIO PIZZA COMPANY, 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 10/15/2007	and assigned
Florida document number 67.00104495	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	•
Pizz Aioli's LLC	
The new name must be distinguishable and end with the words "Limited Liability Company," the designation	"LLC" or the abbreviation
"L.L.C."	
B. If amending the registered agent and/or registered office address on our records, enter registered agent and/or the new registered office address here:	r the name of the new
registered agent under the new registered office address fiere.	1
Name of New Registered Agent:	
N. D. A. J.Off. a Address.	200 TAL
New Registered Office Address: (Enter Florida street of	address)
, Florida	HAR
(City)	Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
•	29 10A
I hereby accept the appointment as registered agent and agree to act in this capacity. I further of	agree to comply with
the provisions of all statutes relative to the proper and complete performance of my duties, and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. C	I am jamiliar with and Ir, 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 Chamber Projections & Agent Claustons of New	Dogletered Agent)

COVER LETTER

TO:

Registration Section

Division of Corporations		
SUBJECT: TR' P'ZZA Co (Name of Lin	nited Liability Company)	
The enclosed Articles of Amendment and fee(s) are sull Please return all correspondence concerning this matter	-	
Cuy D Sp	(Name of Person)	
Cuy DS	PERDUTO CPA (Firm/Company)	
	ART STREET (Address)	
For further information concerning this matter, please of	Pines Fl 33024- (City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
Cuy D Speroro (Name of Person)		elephone Number)
Enclosed is a check for the following amount:		
\$25.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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 Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns SSEE, FL

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRIO PIZZA Com	DANY LLC	
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number 167.000044		and assigned
This amendment is submitted to amend the following:		
_		
A. If amending name, enter the new name of the lin	mited liability company here :	
Pizzaiolis LLC		
The new name must be distinguishable and end with the v	words "Limited Liability Company," the designation "L	LC" or the abbreviation
"L.L.C."		
B. If amending the registered agent and/or reg		he name of the new
•		
Name of New Registered Agent:		·
New Registered Office Address:	, i	200 200
New Registered Office Address	(Enter Florida street add	tress)
	Florida .	
-	(City)	-(Zip Code)
New Registered Agent's Signature, if changing Registe	ered Agent:	
	i de la companya de	29 29
I hereby accept the appointment as registered ages the provisions of all statutes relative to the proper accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	and complete performance of my duties, and I a l agent as provided for in Chapter 608, F.S. Or, ered office address, I hereby confirm that the lin	m familiar with and if this document is
		;
		egistered Agent)

If amending the Managers or Managing Members on our seconds, enter the title, name, and address of each Manager or Managing Member being added or removed from our records.

MGR = Manager

MGRM = Managing Member **Type of Action** Title **Address** <u>Name</u> Add Remove Add ☐ Remove Add Remove Remove __Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00