L07000/04495

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF STATE SECRETARY OF CORPORATIONS OF CORPORATIONS ON 11 OF STATE OF SECRETARY OF STATE OF SECRETARY OF SECRETAR

J. BRYAN

JUN - 4 2008

EXAMINER

COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|---|--|---|
| SUBJECT: Piz | ZAiolis LL | <u>.</u> c. | • |
| | (Name of Limi | ted Liability Company) | |
| • | | | • |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | : |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | | | O Pro |
| • | GUY D S | Perouto CPA (Name of Person) | 08 JUH -3 PM 2: 00 |
| | • | (Name of Person) | 千 祭 |
| | C | | -3 PM 2: 0 |
| | GUY D S | PEROUTO CPA (Firm/Company) | |
| | | (Time company) | 2: |
| | 8982 TA | FT STREET | 00 |
| | | (Address) | |
| | | _ | |
| | Pembroke | Pines Fl 339 (City/State and Zip Code) | 24- |
| | | (City/State and Zip Code) | |
| | | | i |
| For further information of | concerning this matter, please c | all: | |
| GUY D | Sperouto | at (954) 432-02 | 12 |
| (Name | SPEROUTO of Person) | at (<u>954</u>) 432-02 (Area Code & Daytime T | elephone Number) |
| Enclosed is a check for t | he 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

| | | ري | |
|--|---|--|--|
| Pizzaiolis | LLC | Programme Progra | |
| (Name of the Limited L | iability Company as it now appears on our | records.) | |
| (A F | iability Company as it now appears on our lorida Limited Liability Company) | records.) | |
| The Articles of Organization for this Limited Liab | | | |
| Florida document number Lo7000104 | <u>-4-95</u> . | | |
| This amendment is submitted to amend the follow | ring: | | |
| A. If amending name, enter the new name of the | he limited liability company here: | | |
| The new name must be distinguishable and end with to "L.L.C." | the words "Limited Liability Company," the | designation "LLC" or the abbreviation | |
| Enter new principal offices address, if applicab | ele: | | |
| (Principal office address MUST BE A STREET | ADDRESS) | | |
| | | | |
| Enter new mailing address, if applicable: | - | | |
| (Mailing address MAY BE A POST OFFICE BO | <u>0X)</u> | | |
| | · | | |
| | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | rds, enter the name of the new | |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | (Enter Florida street address) | | |
| | | , Florida | |
| | (City) | (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)

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 = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action . GUY D SPERDUTO MGRM X Add Remove ☐ Add Remove 7 Add Remove 🗖 Add Remove _ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00