

Division of Corporations Public Access System

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To:

Division of Corporations

: (850)617-6383 Fax Number

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone : (212)431-5000

Fax Number : (212)431-1441

07 DEC 28

AMND/RESTATE/CORRECT OR M/MG RESIGN

PIZZAILO BAVARO, LLC

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ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

first		ame of the AILO BAVAR	limited liability comp O, LLC	pany is:	
SECO	ND: The a	rticles of or	ganization or the app	lication to transact business	
(CH	ECK THE A	PPROPRIA [,]	TE BOX AND COMI	PLETE THE APPLICABLE STATEM	ENT
			tement. The incorre- ted statement are as f	ct statement, the reason the statement collows:	is i
;	ARTICLE I:	The name	of the Limited Liabili	ty Company is: PIZZAILO BAVARO	, LLÇ
·	The correct	statement	ls:		
,	ARTICLE I:	The name	of the Limited Liabili	ty Company is: PIZZAIOLO BAVAR	O, LLC
:	<u>OR</u>				
			The manner in which are as follows:	h the document was defectively signe	d and
•	N/A		,		
	· · · · · · · · · · · · · · · · · · ·	<u>-</u>			
Dated:	December	21st,		2007	
	مر		a member or authoris		
	. _V ∫ Den	ie! Bavaro		ed representative of a member	
	<u>Dan</u>	.o. Davare	Typed or printed na	me of signee	
			Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)	

CR2E062 (08/05)
BlumbergExcelsior Corporate Services, Inc.
62 White Street, NYC 10013
(212)431-5000

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ARTICLE 1 - Name:	•	9
The name of the Limited Liability Con	apany is:	9 550
		OT DEC 28
PIZZAILO BAVARO, LLI	C	2
	nited Liability Company, "L.L.C.," or "LLC.")	or con
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Co	ompany is: 25
Principal Office Address:	Malling Address:	0.
514 N. Franklin Street	514 N. Franklin Street	·
Tempa, Florida 33602	Tampa, Florida 33602	

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business ontity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Daniel Bavaro
Name

2295 S. Hiawassee Road, Ste. 412 Florida street address (P.O. Box NOT acceptable)

Orlando	FL	82835	÷
City, State,	and Zip		$\overline{}$

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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.



(CONTINUED)

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BlumbergExcelsior Corporate Services, Inc. 62 White Street, NYC 10013 (212)431-5000

B07000303100 3

Title:	Name and Address:		•
"MOR" = Manager	Hante and Adul 603.	유	
"MORM" = Managing Member	er .*	بي	•
PARTIE TANDENS TANDERS	*•	07 DEC 20	Ó
MGR	Daniel Bavaro		五 ()
•	514 N. Franklin Street		73
	Tampa, Florida 33602		.C
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