LOSOCOOLSHY

(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:			
L. SELLERS			
SEP - 82008			
EXAMINER			

Office,Use Only



900135322489

09/05/08--01042--004 **55.00

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 6-RUMPY'S Pizza LCC. (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:
Erik Heriyander (Name of Person)
MAFi'OSO'S PIZZA LLC (Firm/Company)
4316 Forest hill BIVA (Address)
West Palm Beach, Fl. 33406 (City/State and Zip Code)
For further information concerning this matter, please call:
ANNETTE HECNANDOL at (56) 900-5322 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

GRUMPY'S PIZZ (Name of the Limited Liability C	a UC.			
(Name of the Limited Liability C (A Florida Lin	ompany as it now nited Liability Com	appears on our records.)		
The Articles of Organization for this Limited Liability Con	npany were filed o	on 6-26-08	and a	assigned
Florida document number <u>L 080000 628</u>				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limite</u>	d liability compa	ny here:		
MAFioso's Dizza, La The new name must be distinguishable and end with the words	<u>.</u> c .			
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability	Company," the designation	"LLC" or the	e abbreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u>SSS)</u>			
	 			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
	 			
B. If amending the registered agent and/or register registered agent and/or the new registered office address		s on our records, <u>ente</u>	the name	of the new
Name of New Registered Agent:			T _O	<u> </u>
New Registered Office Address:				SF TT
		(Enter Florida street d		٠ ا
****	(City)	, Florida _	Žip C	ode)
New Registered Agent's Signature, if changing Registered A	, ,			n n
			\Box_{m}	7

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

Title <u>Name</u> <u>Address</u> Type of Action ☐ Add ☐ Remove Remove Remove ☐ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 9-4-08

- Exik 94ern and 2000

Signature of a member or authorized representative of a member ERIK HERNANDEZ

Typed or printed name of signee

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Filing Fee: \$25.00