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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. O. ~~Regan~~ FEB 12 2010

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pito Over, 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:

Shahzad Haque  
Name of Person

\_\_\_\_\_  
Firm/Company

3010 Mystic Cove Drive  
Address

Orlando, FL 32812  
City/State and Zip Code

SHaque2745@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shahzad Haque at (407) 341-1723  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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

FILED  
10 FEB 11 PM 12:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pita Oven, 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 3/13/2009 and assigned  
Florida document number L09000024981.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3401 Conway Gardens Road  
Orlando, FL 32806

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Shahzad Haque

New Registered Office Address:

3401 Conway Gardens Road

Enter Florida street address

Orlando

City

Florida

32806

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.

SH

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>	<u>Type of Action</u>
MGR	Barakat, Gaby G.	163 Burrell Circle Kissimmee, FL 34744	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Barakat, Helen E.	163 Burrell Circle Kissimmee, FL 34744	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Haque, Shahzad	3401 Conway Gardens Rd Orlando, FL 32806	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	<i>Gaby Barakat</i>		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
	<i>Helen E. Barakat</i>		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
	<i>SH</i>		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated \_\_\_\_\_

*See above*

Signature of a member or authorized representative of a member

Typed or printed name of signee

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