

LOG 000055082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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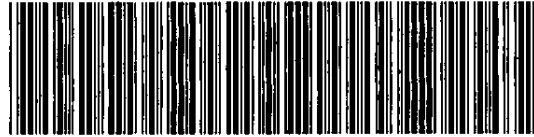
(Business Entity Name)

(Document Number)

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10 MAR 16 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan MAR 17 2010

COVER LETTER

TQ: Registration Section
Division of Corporations

SUBJECT: HAWKEYE N.Y.S PIZZA 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:

BAHA ALAK

Name of Person

HAWKEYE N.Y.S PIZZA LLC

Firm/Company

1232 KINGSWAY RD.,

Address

BRANDON, FL 33510

City/State and Zip Code

baha1954@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BAHA ALAK, PHD

Name of Person

at (813)

907-7561

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**

HAWKEYE N.Y.S PIZZA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on JUNE 8, 2009 and assigned
Florida document number L09000055082.

This amendment is submitted to amend the following:

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

ALAK AND KATTAN LLC

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)

10401 RIVERBURN DR

TAMPA, FL 33647

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10401 RIVERBURN DR

TAMPA, FL 33647

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:

BAHA ALAK, PHD

New Registered Office Address:

10401 RIVERBURN DR

Enter Florida street address

TAMPA

City

, Florida

33647

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>	<u>Type of Action</u>
MGRM	HALIL HAWKEYE	8005 GLEN OAK TAMPA, FL 33610	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	GHADA KATTAN	10401 RIVERBURN DR TAMPA, FL 33647	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated MARCH 15, 2010

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TALLAHASSEE, FLORIDA

Baha Alak
Signature of a member or authorized representative of a member
Baha Alak, Ph.D.
Typed or printed name of signee