

L09000082134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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FEB 25 2016

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Papa Nose 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:

Eddie Prats

Name of Person

Papa Nose Pizza LLC

Firm/Company

c/o 10421 NW 17th Place

Address

Pembroke Pines, FL 33026

City/State and Zip Code

dthompson@pratsent.com

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

For further information concerning this matter, please call:

Dayana Suñol

Name of Person

at

(796)

Area Code

612-7475

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**

Papa Nose Pizza 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 8/25/2009 and assigned
Florida document number L09000082134.

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 contain 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)

14044 NW 82 Ave #2, Miami Lakes, FL 33016

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Dayana Simón
1354 SW 102nd Ct
Miami, FL 33165

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:

Eddie Prats

New Registered Office Address:

14044 NW 82 Ave #2

Enter Florida street address

Miami Lakes

Florida 33016

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 605, 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.

Eddie Prats

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Rene Prats	1730 SW 57th Ave	<input type="checkbox"/> Add
		Miami, FL 33155	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Agustin O Duarte	11900 SW 68th Ave	<input type="checkbox"/> Add
		Pinecrest, FL 33156	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Eddie Prats	10851 SW 40 St	<input checked="" type="checkbox"/> Add
		Miami, FL 33165	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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HARRIS
CLERK

