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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Slice of Italy Pizzeria, L.C. 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:
Angelina Riposta Name di Person
Slice of Italy Pizzoria, L.L.C
147 Aurora Rd.
Melbourne F1 32935 City/State and Zip Code Slice of Italy Chotmail. com
Slice of Italy Chotmail. Com
A MARIE CONTRACTOR OF THE PROPERTY OF THE PROP
For further information concerning this matter, please call:
Angelina Riposta at 312 804-4466 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$30.00 Filing Fee \$\ \text{S55.00 Filing Fee & }\ \text{S60.00 Filing Fee & }\ \text{Certificate of Status & }\ Certificate of
(additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section STREET/COURIER ADDRESS: Registration Section
Division of Corporations Division of Corporations
P.O. Box 6327 Programme Programme Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Confidence of the Confidence o

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Slice of Italy (Name of the Limited Liability Com (A Florida Limited	Pizzeria	L.L.C	<u>•</u>
(A Florida Limited (A Florida Limited)	d Liability Company)	your records.	
The Articles of Organization for this Limited Liability Compa Florida document number <u>LO90008</u> #L0900082	2140	127 /2009	and assigned
This amendment is submitted to amend the following:			
AIf:amending name, enter the new name of the limited line of the line of		' the designation "LLC"	or the abbreviation
Enter new principal offices address, if applicable:		10	
(Principal office address MUST BE A STREET ADDRESS)		r in	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address h			ame of the new
Name of New Registered Agent: New Registered Office Address:	Enter I	Florida street address Florida	
	City		p Code
Nam Dagistared Agent's Signature if shanging Dagistared Age	m#•	,	

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

Dated

MGRM = Managing Member **Type of Action Title** <u>Name</u> <u>Address</u> mar/marm Jose I. Rodriguez ☐ Add Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Signature of a member or authorized representative of a member

Angelina Riposta Couner

Page 2 of 2

Filing Fee: \$25.00