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## **COVER LETTER**

TO: Registration Section Division of Corporati	ons		
SUBJECT: Primeli	Name of Limi	Acadamy LLC ited Liability Company	<u></u>
The enclosed Articles of Amend	dment and fee(s) are sub	omitted for filing.	
Please return all correspondence	e concerning this matter	to the following:	
	Joseph Robl 4755 T Boca Rad Gipsyp @ ro.	RIDHI  Name of Person  PIZZA PASIA  Firm/Company  Address  ON F 3343  City/State and Zip Code  blipp: Com  to be used for future annual report notificat	SECRETARY OF STATE TALLAMASSEE, FLORIDA
For further information concern	ning this matter, please of	call:	
bsech Bil Name of Perso	otti	at ( <u>561) 826 – 0</u> Area Code & Daytime T	900 elephone Number
Enclosed is a check for the following	owing amount:		
\$25.00 Filing Fee \$\square\$	330.00 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 A	ADDRESS:	STREET/COURIEI	R ADDRESS:

Registration Sections
Division of Corporations
P:O: Box.6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_ and assigned Florida document number 2097 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) 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: New Registered Office Address: Enter Florida street address 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 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 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:

4 .. .

MGR = Manager MGRM = Managing Member <u>Title</u> **Address Type of Action Name** Robert E CANNOVA MERM Remove □ Add Remove **PA**dd Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 12 08 00 Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee