L0900095745			
(Requestor's Name) (Address) (Address)	600163848976		
(City/State/Zip/Phone #) PICK-UP (Business Entity Name) (Business Entity Name) (Document Number) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: Office Use Only Certificates Only Office Use Only JAN 25 2010 EXAMINER	01/22/1001018015 **25.00 IVSEC0170700 10 JAN 22 PH 1: 39		

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COVER LETTER

то:	Registration Section
	Division of Corporations

SUBJECT:	Pellinis	Pizza,	LLC
		NT	11111 0

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Name of Limited Liability Company

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The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person 229 Firm/Company Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Gral

at (813) 481 2895

rea 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) **1**\$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

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DIVISION OF COM 10 JAN 22 PM 1: 30

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pellinis		LLC	/	
(Name of the	Limited Liabi (A Florid	lity Company as da Limited Liabili	it now appears on our i ty Company)	(ecords.)

The Articles of Organization for this Limited Liability Company were filed on _	10/02	12009	and assigned
Florida document number <u>L09000095745</u>		•	

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 "LLC."

Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

1316 Whitfield Ave Sarasota, FL 34243

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Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1316 Whitfield Ave Sarasota, FL 34243

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

Name of New Registered Agent:	Donald Tob	rh	
New Registered Office Address:	1316 Whit Field Ave Enter Florida street address		
	<u>Sarasota</u> City	, Florida <u>34243</u> 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

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<u>Title</u>	Name	Address	Type of Action
Administ	rator Elena Baygulow	4198 Galvin Ln North Port, FL 34288	Add Remove
Operation manager	Marin Donald Tobia	4198 Galvin Ln North Port, FC 34288	Add Remove
Owner Oprister	Marm Donald Tobin	1316 Whitheld Act Sara sota F2 34243	Remove
			Add Remove
			Add Remove
 .			Add Remove
D. Ifamen	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
_			
	1/20/10		
Dated	Signature of a member	r or authorized representative of a member	
	Donald	To Sin or printed name of signee	
		Page 2 of 2	

Filing Fee: \$25.00