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(Re	equestor's Name)	
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(Dc	ocument Number)	
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JUN 11 2020

COVER LETTER

	gistration Se vision of Cor			
SUBJECT:	Panheads P			
SUBJECT.			ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ondence concerning this matter	_	
		Eric Ross		
		 	Name of Person	
		Panheads Pizzeria		
		-	Firm/Company	
		2507 Saxon Dr		
			Address	······································
		New Smyrna Beach, FL 32	2169	
			City/State and Zip Code	
		panheadspizzeria@gmail.co		
			to be used for future annual report n	otification)
For further t	nformation c	oncerning this matter, please c	all:	
Eric Ross			757 5933771 at ()	
	Name o	f Person	Area Code Days	time Telephone Number
Enclosed is	a check for th	ne 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)
	niling Addres		Street Address: Registration S	
		orporations	Division of C	

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 2020 Marriage 22 Phillips 33

Panheads Pizzeria and Ravish Catering	•
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1.09000112955	were filed on 11/23/2009 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liah	ility company here:
Panheads Pizzeria	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	113 S. Orange St
(Principal office address MUST BE A STREET ADDRESS)	New Smyrna Beach, FL 32168
Enter new mailing address, if applicable:	2507 Saxon Dr
(Mailing address MAY BE A POST OFFICE BOX)	New Smyrna Beach, FL 32169
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the name of the new registere Enter Florida street address
	, Florida
	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.

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		2029 HAY 22 FI 4: 33		
Title	<u>Name</u>	Address	Type of Action	
			□Add	
			□ Change	
			□Add	
		 	Remove	
			Change	
			□Remove	
			Change	
				
			□Remove	
			□Change	
			□Add	
			□ Remove	
			□Change	
			□Remove	
			[]Channe	

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Effective date, if other than the	date of filing: (optional)
f an effective date is listed, the date mus	t be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (
locument's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as t epartment of State's records.
incument setteetive date on the 120	apartment of State 3 records.
	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d is filed.	
May 19 Dated	2020
sacci	
	Signature of a member or authorized representative of a member
	Signature of a member of audionized representative of a member
Eric Ross	

Filing Fee: \$25.00