L09000116301

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10 NOV 12 PM 12: 15

SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON
NOV 1 6 2010
EXAMINER

COVER LETTER

TO:	Registration Sect Division of Corpo	ion orations		
SUBJ	ECT:	NICK'S	A PIZZA, LLC.	
			ited Liability Company	
The er	nclosed Articles of A	nendment and fee(s) are sub	omitted for filing.	
Please	return all correspond	lence concerning this matter	to the following:	
		A	ANTHONY CASERTA	
			Name of Person	
		AMERI	I-TREND SERVICES , LLC	
			Firm/Company	
		;	3581 S.W. 116 AVE.	
			Address	
			DAVIE, FL 33330	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notificati	on)
For fu	rther information con	cerning this matter, please c	all:	
 ,	Name of P	erson	at () Area Code & Daytime Te	lephone Number
Enclos	sed is a check for the	following amount:		
₹ 2:	5.00 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 SECRETARY OF STATE ARTICLES OF ORGANIZATIONIVISION OF CORPORATIONS OF 10 NOV 12 PM 12: 15

NICK'S APIZZA, LLC.
(Name of the Limited Liability Company as it now appears on our records.)

(<u>Name of the Limited Liabi</u> (A Florid	ility Company as it now appear da Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Florida document number L09000116301	· ·	9/28/2010	and assigned	
This amendment is submitted to amend the following				
A. If amending name, enter the new name of the l	imited liability company her	<u>re</u> :		
The new name must be distinguishable and end with the v"L.L.C."	words "Limited Liability Compa	ny," the designation "l	LLC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)			
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>				
B. If amending the registered agent and/or reg registered agent and/or the new registered office a		our records, enter (the name of the new	
Name of New Registered Agent:				
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·			
	Enter Florida street address			
	City	, Florida	Zip Code	
	<i>Cy</i>		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 heing added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of A	<u>ction</u>
MGRM	AMERI-TREND SERVICES	3581 SW 116 AVENUE DAVIE, FL 333330	Add Remove	:
	<u></u>		Add Remove	ı
			Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	- 10 N	SEU DIVISIO
			10 NOV 12 PH 12:	RETA
	NOVEMBED 8		- 	RY OF STATE CORPORATION
Dated	NOVEMBER 8 , 20	010 .		Ŝ
	Signature of a member	or authorized representative of a member		
		HONY CASERTA		
	Typed	or printed name of signee		

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Filing Fee: \$25.00