

L100000002478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

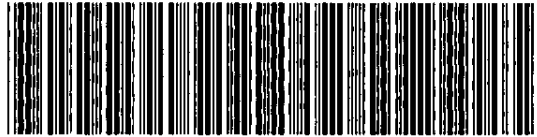
Special Instructions to Filing Officer:

L. SELLERS

MAR 30 2010

EXAMINER

Office Use Only



400167253234

03/01/10--01044--010 **30.00

FILED

10 MAR 29 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DOM'S PIZZA LLC
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:

Doms PizzalLC % ERIN D. SAVIDGE
Name of Person
18 LOVELACE AVE
Firm/Company
NEW CASTLE, DE 19720
Address

City/State and Zip Code
esavidge18@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erin D Savidge at 302) 652-4512
Name of Person Area 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)

☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2010

ERIN D. SAVIDGE
18 LOVELACE AVENUE
NEW CASTLE, DE 19720

SUBJECT: DOMS PIZZA LLC
Ref. Number: L10000002478

We have received your document for DOMS PIZZA LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 710A00005150

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Doms Pizza LLC Limited Liability Company
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JAN 7 2010 and assigned.
Florida document number L10000002478.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Doms Pizzeria & Savidge Limited Liability Company
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)

5075 Edgewater DR
Orlando, FL 32810

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:

Erin D Savidge

New Registered Office Address:

5075 Edgewater DR

Enter Florida street address

Orlando, Florida
City

New Registered Agent's Signature. If changing Registered Agent:

FILED
10 MAR 29 PM 3:55
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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.

Erin D Savidge
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

Removed
↓

Add
→

Title	Name	Address	Type of Action
MGRM	MATTHEW De Mike	5419 Lake Howell Rd. Winter Park, FL 32792	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGM	Erin D. Savidge	18 LOVEHACK AVE New CASTLE DE 19720	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____

FILED
10 MAR 29 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature of a member or authorized representative of a member
MATTHEW P. DE MIKE

Typed or printed name of signer