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(Requestor's Name)	_				
(Address)	_				
(Address)	_				
(City/State/Zip/Phone #)	_				
PICK-UP WAIT MAIL					
(Business Entity Name)	_				
(Document Number)					
Certified Çopies Certificates of Status	_				

Special Instructions to Filing Officer:

L. SELLERS

MAR - 9 2010

EXAMINER

Office Use Only



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SECRETARY OF STATE

COVER LETTER

- Division of Co	orporations					
SUBJECT:	Naked Pi	zza Florida, LLC				
	Name of Limited Liability Company					
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.				
Please return all corresp	oondence concerning this matte	r to the following:				
	Ste	Stephanie Shannon O'Quínn				
		Name of Person				
	Firm/Company					
		5411 Pine Hollow Tr				
		Address				
		Oviedo, FL 32765				
	0.0	City/State and Zip Code				
	E-mail address: (oquinn@yahoo.com to be used for future annual report notific	ation)			
For further information	concerning this matter, please	call:				
Sha	annon O'Quinn	at (407) 7	19-1528			
Name	of Person	at (407) 7 Area Code & Daytime	Telephone Number			
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
MAILING ADDRESS:		STREET/COURIE	R ADDRESS:			

TO: Registration Section

Registration Section
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

Naked Pizza F	<u>lorida, LLC</u>			
(Name of the Limited Liability Company (A Florida Limited Lia	<mark>zas it now appe</mark> ibility Company)	ars on our records.)		
The Articles of Organization for this Limited Liability Company version of the Line of Company version of Company ver	vere filed on	February 9, 2010	and assign	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company h	<u>ere</u> :		
Through Thick &	Thin, LLC			
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Com	pany," the designation "LI	LC" or the abb	reviation
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 registered agent and/or the new registered office address here: Name of New Registered Agent:		our records, enter th	ne name of t	the new
Name of New Registered Agent.			TAE 10	
New Registered Office Address:	E	Enter Florida street addr		
		. Florida	TAF	Carriera Carriera
	City	, rivilua	Zip Code	m
New Registered Agent's Signature, if changing Registered Agent:			PF STA	Ö
I hereby accept the appointment as registered agent and agree	e to act in this	capacity. I further agre	eest compt	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:

MGR = M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
<u></u>			Add Remove
			Add Remove
D. If amer	nding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_
-			····
_		A	- <u>1</u> SI
Dated	Stephanie S	hamo Dum gror authorized representative of a member	FILL 10 MAR -8 I
	Stepha	anie Shannon O'Quinn 🚊	
	Туред	Page 2 of 2	H: 57

Filing Fee: \$25.00