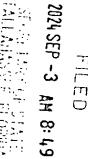
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Office Use Only



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COVER LETTER

TO:

Tallahassee, FL 32314

	Registration Se Division of Cor						
CHD IEC	***	LIMITED SEVIERVILLE LL	С				
SUBJEC	1:	Name of Lim	ited Liability Company				
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please ret	turn all correspo	ondence concerning this matter	to the following:				
		NABEEL ANSARI					
			Name of Person				
	PIZZA UNLIMITED SEVIERVILLE LLC						
	Firm/Company P.O. BOX 6547						
P.O. BOX 6547 Address							
	City/State and Zip Code NABEELANSARI@ME.COM E-mail address: (to be used for future annual report notification)						
For furthe	er information c	oncerning this matter, please c		t notinearion)			
	L ANSARI	oncoming with matter, present to	407 222-619	94			
<u> </u>	Name o	f Person	at () Area Code D:	aytime Telephone Number			
Enclosed	is a check for th	ne following amount:					
■ \$25.0	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)			
İ	Mailing Addres Registration S Division of C P.O. Box 632	Section Corporations					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PIZZA UNLIMITED SEVIERVILLE LLC

company has been notified in writing of this change.

(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 02/09/2010	and assigned
Florida document number L10000015029		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		202
		Sa SE
Enter new mailing address, if applicable:		三 子 卫
	<u> </u>	- μ ω Γ π
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	aaress on our recoras, <u>ente</u>	er the name of the new registered
Name of Nam Displayed Amount		
Name of New Registered Agent;		
New Registered Office Address:		
Enter Florida street address		ess
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of	performance of my duties, rovided for in Chapter 605	and I am familiar with and i, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	Name	Address	Type of Action
AMBR	SOPHIA ANSARI	P.O. BOX 6547 ORLANDO FL 32802-6547	🗀 Add
			= Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
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			□Add
			Remove
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Effecti	ive date, if other than the date of filing: 7/10/2024 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
he record ord is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
	07/10/2024
Dated	
Dated	Nabeel Ansari
Dated	Signature of a member or authorized representative of a member