

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110001303043)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146 Phone

: (305)444-4994

Fax Number

: (305)444-4977

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUNRISE PIZZA LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

B. BOSTICK

MAY 1 3 2011

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SI	JNRISE PIZZA LLC		
(Name of the Limited Lia	bility Company as it now appear rida Limited Liability Company)	s on our records.)	<del></del>
(2220	indicate and any company		
The Articles of Organization for this Limited Liabil	ity Company were filed on	06-17-2010	and assigned
Florida document number L1000006465	5		
This amendment is submitted to amend the following	ng:		
	_		
A. If amending name, enter the new name of the	limited hability company her	<u>e:</u>	
	1 (7) 7, 17 1 140		T. C.
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Compa	ny," the designation ".	LLC" or the abbreviation
Enter new principal offices address, if applicable			
(Principal office address MUST BE A STREET A	DDRESS)		CO- N #ROBERT
			(T) (T)
Enter new mailing address, if applicable:	***************************************		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX	<u></u>		30 P
B. If amending the registered agent and/or registered agent and/or the new registered office		ur records, enter	the name of the new
Name of New Registered Agent:			
•		· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,
New Registered Office Address:		ter Florida street add	Trace
	THE LIGHT STREET COUNTY 528		
_	Cit.	, Florida	
<b></b>	City		Zip Code
New Registered Agent's Signature, if changing Regis	stered 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

MGR = Manager

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:

MGRM = Managing Member Type of Action <u>Title</u> <u>Name</u> Address MGRM FRANCISCO CERUTTI **11890 SW 8 STREET** ✓ Add # 202 Remove MIAMI, FL 33184 ☐ Add Remove □ Add Remove Remove - cò D££À∏ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a memi or authorized representative of a member JOHN CERUTTI

Typed or printed name of signee
Page 2 of 2