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J. SAID FOOD IN LAND

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

4 to GO 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:

Rene Prats

Name of Person

Sir Pizza of So Florida

Firm/Company

10240 SW 56th St. Ste. 112D

Address

Miami, FL 33165

City/State and Zip Code

dthompson@pratsent.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debbie Thompson

₃₁,954,415-3746

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

4 to GO LLC							
(<u>Name of the Limited</u> (A	Liability Compar Florida Limited L	ny as it now appears on our re liability Company)	cords.)				
The Articles of Organization for this Limited Liability Company were filed on 7/26/2010 Florida document number L10000078075					_ and assigned		
This amendment is submitted to amend the follow	owing:						
A. If amending name, enter the new name of	the limited liab	ility company here:					
The new name must be distinguishable and end wit	h the words "Limi	ted Liability Company" the des	 signation "LLC"	or the	abbres	 viation	
"L.L.C."	4	ou Blacking Company, the des	ignation DDC	0		14411111	
Enter new principal offices address, if applic	able:	15725 SW 72 St #158	3		201		
(Principal office address MUST BE A STREE	TADDRESS)	Miami, FL 33193		•	<u> </u>	<u> </u>	
		· · · · · · · · · · · · · · · · · · ·		• • •	2	·	
		•		Character Character			
Enter new mailing address, if applicable:		Sir Pizza of So Florida	a	 (·		•	
(Mailing address MAY BE A POST OFFICE BOX)		10240 SW 56th St #1	12D -	-122	က္	_	
	·	Miami, FL 33165					
B. If amending the registered agent and/or the new registered of			s, enter the	<u>name</u>	of the	: new	
Name of New Registered Agent:	Rene Prats						
New Registered Office Address:	10240 SW	56th St #112D					
	Enter Florida street address						
	Miami	ni , Florida <u>33</u>		165			
		City		Zip Cod	de		
New Registered Agent's Signature, if changing F	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 being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Manuel Elgarresta	5465 North Bay Road	Add
	•	Miami Beach, FL 33140	Remove
MGRM	Leonor Elgarresta	5465 North Bay Road	Add
		Miami Beach, FL 33140	Remove
MGRM	Maria A Fuentes	5210 Maggiore St	Add
		Coral Gables, FL 33146	Remove
MGRM	Nerida Rey	5210 Maggiore St	Add
		Coral Gables, FL 33146	Remove
MGRM	Sir Pizza of South Florida LLC	10240 SW 56th Ste. 112D	Add
		Miami, FL 33165	Remove
			Add
			7
			Remove

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dat	ed X 9/25/13 / port.
	Mana Pollence &
	Signature of a member of authorized representative of a member
	1 / MANUEL ELGARRESTA
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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