

L10000118097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

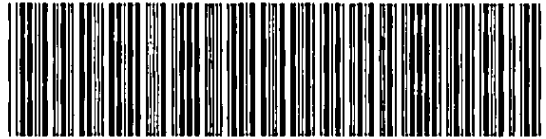
(Business Entity Name)

(Document Number)

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FILED
FEB 1 2019
CLERK OF SUPERIOR COURT
JANUARY 29 2019

Amend

FEB 09 2019

D CUSHING

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OLD WORLD 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:

Harris S. Howard, Esq.

Name of Person

Howard Law Group

Firm/Company

450 N Park Road, #800

Address

Hollywood, FL 33021

City/State and Zip Code

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

For further information concerning this matter, please call:

Harris S. Howard, Esq.

954 893-7874

at ()

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

10/11/2001 14:10:54
FILED
CLERK OF COURT
JANUARY 11 2002
TALLAHASSEE, FL

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

Old World Pizza, LLC

(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 11/12/10 and assigned Florida document number L10000118097.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

15794 SW 56TH STREET

MIAMI, FL 33175

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:

Michael Tristanchio

New Registered Office Address:

15794 SW 56TH STREET

Enter Florida street address

Miami

City

Florida 33175

Zip Code

New Registered Agent's Signature, if changing 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 605, 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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
HMGRM	EYAL ALFI	550 Arvida Parkway	<input type="checkbox"/> Add
		Coral Gables, FL 33156	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	HILLIT MEIDAR-ALFI	550 Arvida Parkway	<input type="checkbox"/> Add
		Coral Gables, FL 33156	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Michael Tristancho	15794 SW 56TH STREET	<input checked="" type="checkbox"/> Add
		Miami, FL <u>33175</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Yenli Acosta Tristancho	15794 SW 56TH STREET	<input checked="" type="checkbox"/> Add
		Miami, FL <u>33175</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(If an effective 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 (3)(b)

If the record 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 record is filed.

Dated 12/29/18

Signature of a member or authorized representative of a member

Eyal Alf

Typed or printed name of signee