111000010054

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Busiless Littly Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



300192290503

02/01/11--01003--012 **25.00

2011 FEB - 1 PM 12: 22

J. SAULSBERRY EXAMINER

FEB 03 2011

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations			
SUBJECT: B.L.T PIZZA & Sub "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:			
Jennifer Thorp Name of Person B.L.T PIZZA + SUB"LLC" Firm/Company			
207 N.W. 6th St			
Chiefland F.1. 32626 City/State and Zip Code Jennifethorp 80 Q Valvo Com E-mail address: (to be used for future annual report notification)	SECRETARY OF ALLAHASSEE. 1	2011 FEB -1 P	
For further information concerning this matter, please call:	(OF STATE E.FLORIDA	PH 12: 22	
Jennifer Thorp at (352) 535-4658 Name of Person at (352) 535-4658 Area Code & Daytime Telephone Nu		22	
Certificate of Status Certified Copy Cert (additional copy is enclosed) Cert	0 Filing Fee, ificate of Sta tified Copy litional copy	atus &	osed)
MAILING ADDRESS: Registration Section Division of Corporations STREET/COURIER ADDRES Registration Section Division of Corporations	s:		

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited/Liability Com	4 Sub "LL	ars on our records	.)	,	
The Articles of Organization for this Limited Liability Compa	ed Liability Company) any were filed on			and as	ssigned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited li	iability company ho	ere:			
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Com	pany," the designati	on "LLC	" or the	abbreviation
Enter new principal offices address, if applicable:			2	2	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	-	SES SES		
			RET	83.	
			ARY	1	-
Enter new mailing address, if applicable:				2	17
(Mailing address MAY BE A POST OFFICE BOX)			ST	2	O
				: 22	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address b		our records, en	ter the	name	of the new
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
······		, Florid	a		
	City		. 2	Zip Coa	le

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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

nager Ianaging Member		
Name	Address	Type of Action
Jennif D. Thorp	207 NW 6th St Chiefland F.L. 32626	Add Remove
William W. Bodden	209 N.W. 6th St Chiefiand F1 37626	Add Remove
		Add Remove
		Add Remove
400		Add Remove
		Add Remove
May 27 , 2011 Signature of a member	Thought authorized representative of a member	2011 FEB - 1
	Islanging Member Name Jenif D. Thorp William W. Bodden Ling any other information, enter change Signature of a member of	Address Lanif D. Thorp 207 Nw 6th St Chiefland EL 32626 William W. Bodden 209 Nw. 6th St Chiefland Fl 37626 Ling any other information, enter change(s) here: (Attach additional sheets, if necessary.) All Mary 27 2011 Signature of a member of a withorized representative of a member

Page 2 of 2

Filing Fee: \$25.00