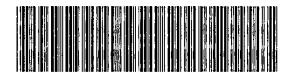
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SECRETARY OF STATE
OF CORPORATIONS

COVER LETTER

TO:·		ation Sec n of Corp					
SURIE	:СТ:		NY PIZZA UNLIM	IITED DEVE	ELOPER, LI	_C	
SUDJE	.c			ited Liability Con			
The end	closed Ar	ticles of A	amendment and fee(s) are sub	bmitted for filing.			
Please	return all	correspon	dence concerning this matter	r to the following	:		
			Mitchell W		· 		
				Name of Pe	erson		
Prime Properties Intl. Inc.							
Firm/Company			pany				
		4484 34th	Street				
Address							
Orlando, Fl. 32811							
City/State and Zip Code							
			pri	imeprop@ho	tmail.com	Cartian	
For fur	ther infor	mation co	ncerning this matter, please o		e annuai report nou	ncanon	
		Mit	chell Weiss	at (_40	7、	426-70	196
	<u></u>	Name of		at (_ +0	Area Code & Daytin		
Enclose	ed is a che	eck for the	e following amount:				
\$25	.00 Filing	g Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Fill Certified (addition			\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Registra Division P.O. Bo	NG ADDRESS: tion Section to of Corporations x 6327 seee, FL 32314		STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on orations enter Circ	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STALE DIVISION OF CORPORATIONS
11 FEB 24 PM 1: 50

NY PIZZA UNLI	MITED DEVELOPE	ER, LLC	
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appear	rs on our records.)	
(A Florida L	Similed Blabiney Company)	·	
The Articles of Organization for this Limited Liability C	ompany were filed on	01/25/2011	and assigned
Florida document number L11000010513	 ·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company her	<u>·e</u> :	
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	-		
Muning undress MAT BE A FOST OFFICE BOX		· <u>-</u> ·	
B. If amending the registered agent and/or regist	tered office address on a	our records enter t	he name of the new
registered agent and/or the new registered office add		our records, enter t	
·			
Name of New Registered Agent:			
Name of New Registered Algent.		····	
New Registered Office Address:		rnt . 1	
	Er	iter Florida street addi	ress
		, Florida	
	City		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 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

<u>Title</u>	Name	Address	Type of Action
MGRM	ANSARI, TAHIR S.	4484 34TH STREET ORLANDO, FL 32811	Add Remove
MGR_	ANSARI, NABEEL T.	4484 34TH STREET ORLANDO, FL. 32811	Add Remove
			Add Remove
			Add Remove
,			Add Remove
			Add Remove
D. If amer	Feansy 2-1	change(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE DIVISION OF CORPORATIONS 11 FEB 24 PM 1: 50
	J	ember of authorized representative of a member NABEEL T. ANSARI Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00